

INSPECTION REPORT

REPORT PREPARED FOR:

- ☒ Generator  
☐ Transporter  
☒ HWM (TSD) Facility

FACILITY INFORMATION

Name: Daniel Products Co.  
Address: 400 Claremont Ave  
Jersey City NJ  
Lot: 12, 16, 21, 27, 28, 60,  
68A, 70A, 72A, 73A, Block: 1774  
74 and 75.  
County: Hudson  
Phone: (201) 432-0800  
EPA ID #: NJD001340686  
Date of Inspection: 9-1-87

PARTICIPATING PERSONNEL

State or EPA Personnel: Scott Slagley (Versar)  
Lisa Goldberg (Versar)  
Facility Personnel: Billy P. Jones, EMC Corp (consultant)  
Klauss Meinssen, V.P Administration  
Alfred J. Nevin, Plant Engineer  
Report Prepared by Name: Lisa Goldberg (Versar)  
for Region: II  
Telephone #: (703) 750-3000  
Reviewed by: \_\_\_\_\_  
Date of Review: \_\_\_\_\_

WORK ASSIGNMENT NO. 606  
EPA CONTRACT NO. 68-01-7331  
DOC. NO. 2295Y

DANIEL PRODUCTS COMPANY  
JERSEY CITY, NEW JERSEY

COMPLIANCE EVALUATION INSPECTION  
(NEW JERSEY HAZARDOUS WASTE REGULATIONS, AND LAND BAN  
AND CALIFORNIA LIST WASTE RESTRICTIONS)

SUBMITTED TO:

CAMP DRESSER & MCKEE, INC.  
13135 LEE JACKSON MEMORIAL HIGHWAY  
FAIRFAX, VIRGINIA

SUBMITTED BY:

VERSAR INC.  
6850 VERSAR CENTER  
SPRINGFIELD, VIRGINIA 22151

JUNE 22, 1988

FACILITY NAME: Daniel Products Co.

ADDRESS: 400 Claremont Ave

Jersey City NJ 07304

TIME IN: 1400

COUNTY: Hudson

TIME OUT: 1530

EPA ID : NJ0001340686

DATE OF INSPECTION: 9-1-87

PHOTOS TAKEN ☐ YES ☒ NO

If yes, how many? \_\_\_\_\_

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES \_\_\_\_\_

NJDEP ID # \_\_\_\_\_

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance 34

Number of manifests not in compliance 0

List manifest document numbers of those manifests not in compliance.

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FOR NARRATIVE AND ATTACHMENTS

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## SUMMARY OF FINDINGS

### Facility Description and Operations

Daniel Products Company (Daniel), a Division of Synres Chemicals Corporation produces chemical colorants and additives for the paint, ink, paper, coatings, and adhesives industries. They have been in operation since 1957. These products are created through the compounding, mixing, blending, and grinding of readily available chemicals such as solvents, resins, pigments, wax powders, and wetting agents. According to Klaus Meinssen, Vice President of Daniel, some of the solvents used include isopropanol, mineral spirits, butyl alcohol, xylol (xylene), butyl cellosolve (ethylene glycol monobutyl ether), and propylene glycol. These raw materials are delivered to the site in tanks and discharged to underground and aboveground tanks where they are stored until their use.

This facility is classified by NJDEP as a hazardous waste generator and TSD facility. According to the Daniel's Hazardous Waste Generator Annual Report 1986 (Attachment 2, Exhibit 1), the following types of hazardous waste were manifested in 1986: D001 (ignitable waste), D007 (chromium), D008 (lead), and X725 (oil spill cleanup residue). Facility representatives stated that these wastes were generated from solvent rinses, caustic industrial detergent solutions, and lead and chromium pigment dust collected from the baghouse system. They were classified as a TSDF by NJDEP because they stored waste for over 90 days.

All of the hazardous waste generated by this facility is stored in one of two areas. The first is a drum storage area where 55-gallon drums are stored on a three-level drum rack. The second storage area consists of a steel holding tank component of the facility's industrial potwasher machine. This tank is located in an aboveground steel cabinet in the potwasher area (see Attachment 2, Exhibit 2).

Solid raw materials such as pigment flakes and granules, polyethylene, and polynikon polymers are purchased and stored in their

original paper packaging. According to facility representatives, ninety-eight percent of the pigments used do not contain lead or chromium. Those that are lead or chromium based are used in separate equipment and with separate manufacturing procedures.

All Daniel's products are batch processed. Liquid materials are pumped into the mixing equipment by hydraulic and electronic pumps, which are metered to automatically shut off once the proper amount is added. Solid materials are added by hand. The mixing tubs range from 50 to 500 gallons in capacity, and the pebble mills (which are used for mixing pigments with liquid materials) range in size from 50 to 700 gallons.

Finished products are emptied from the process vessels directly into 5-, 6.5-, 30-, and 55-gallon steel drums, which are then shipped to customers. The mixing equipment is washed and rinsed using caustics and solvent solutions. Solvent rinses are continually reused until they become so contaminated that they are no longer effective. The rinses are then poured into steel drums and manifested for offsite disposal as hazardous wastes. The spent nonhalogenated solvent rinse mixtures (i.e., rinses containing butyl alcohol or xylene) are thought by facility personnel to contain less than ten percent (by volume) of these components after use.

The facility's laboratory analyzes waste streams from each batch (see Attachment 2, Exhibit 3). These waste streams may periodically contain batch mistakes and spill material, yet facility representatives stated that 95-98 percent of the hazardous waste generated at Daniel consisted of rinse solvents.

The potwasher, industrial detergent solutions (characterized by pH >12.5), which were previously stored in drums, are now pumped directly from the potwasher holding tank into tanker trucks for offsite disposal when the solution becomes too contaminated for use. This contamination of the detergent solutions usually occurs over a period of several months.

Another waste source is the pigment dust (including lead and chromium dust) which is collected in a baghouse connected to the pebble mills loading station hoods. This dust is generated when powder is being blended into a product. The dust is stored in drums and manifested for disposal offsite as hazardous waste.

All waste is currently transported offsite by S and W Waste, Inc., of South Kearney, New Jersey. According to facility personnel, S and W Waste Inc. does not land dispose of the D001 or D002 waste streams. The D001 material is distilled and used as an alternate fuel for cement kilns. The D002 waste is taken to the DuPont Wastewater Treatment Plant in Delaware for treatment.

#### Hazardous Waste Generation Activities

Facility representatives stated that the following hazardous waste generation activities are conducted at this site:

- Solvent rinses used to rinse production equipment after processing. This generates waste materials which are classified as D001.
- Caustic industrial detergent solutions (pH > 12.5) used for cleaning tanks after processing. This generates spent solutions (D002).
- Lead and chromium pigment dust collected from the baghouse system connected to the pebble mill. This is generated while blending powder into product (D007 and D008).

#### Identification of Hazardous Wastes Located Onsite

The hazardous wastes identified at the facility during the inspection consisted of twenty-eight 55-gallon drums of spent solvent rinses labeled D001 waste. All the drums were inspected, and all except one were found to have accumulation dates of less than 90 days. The one drum that was an exception contained D001 material and had an accumulation date of November 18, 1986. A 700-gallon potwasher holding tank containing detergent material becomes a hazardous waste storage tank once the material becomes too contaminated for production purposes. The

material was not considered a hazardous waste at the time of the inspection because it was being used in the production operation.

The 28 drums were located inside the building on a three level drum rack alongside one wall of a room which also contains product storage areas. The racks storing the hazardous waste are rigged with a sprinkler system designed to release water in the case of an accidental fire. A catch pan is located under the first level of the rack and measures approximately 20 feet by 5 feet by 6 inches.

The potwasher material is contained in a 700-gallon double walled steel holding tank. This tank is aboveground, connected to the potwasher, and self contained within the potwasher apparatus by a steel cabinet. The material in this tank is continuously reused and recirculated through the potwasher machine during it's operations until the detergent becomes too contaminated to use. At this time, the pot washer material is declared a hazardous waste. The material may be reused for up to a year before it becomes a hazardous waste. When this solution becomes unuseable, Daniel contacts their waste hauler (S & W Waste Inc.) and arranges to have it picked up the next day. S and W Waste Inc. arrive with a tanker truck and pump the material directly from the potwasher holding tank to their tanker trucks. A sump is located in the potwasher area which is designed to collect any spills or leaks which may occur during the transfer of the material to and from the potwasher holding tank.

GENERATOR INSPECTION CHECKLIST

		YES	NO	N/A
7:26-8.5	<u>Hazardous waste determination</u>			
	(a) Did the generator test its waste to determine whether it is hazardous?	✓	—	—
	Is the waste hazardous?	✓	—	—
7:26-8.5(b)2	Is the generator determining that its waste exhibits a hazardous waste characteristic(s) based on its knowledge of the material(s) or processes used?	✓	—	—
	Has hazardous waste been shipped off site since November 19, 1980?	✓	—	—
	If yes, how many shipments, off site, have been made and describe the approximate size of an average shipment made on a monthly basis. If facility is a small quantity generator, please explain.			
	10 drums / month			
7:26-7.4(a)1	Does the generator have an EPA ID #?	✓	—	—
7:26-7.4(a)4	Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient)	✓	—	—
7:26-7.4(a)4i	The generator's name, address and phone number?	✓	—	—
7:26-7.4(a)4ii	The generator's EPA ID number?	✓	—	—
7:26-7.4(a)4iii	The transporter(s) name, address and phone number?	✓	—	—
7:26-7.4(a)4iv	The transporter(s) EPA ID number?	✓	—	—
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility?	✓	—	—
7:26-7.4(a)4vi	The TSDF's EPA ID number?	✓	—	—
7:26-7.4(a)4vii	The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?	✓	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.4(a)4viii	Special handling instructions and any other information required on the form to be shipped by the generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:			
7:26-7.4(a)5i	Sign the manifest certification by hand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iv	Give remaining copies of the manifest form to the transporter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(f)1	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)2	If not:			
	1. Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at 609-292-9877 to inform the NJDEP of the situation, and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2. Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Before transporting or offering hazardous waste for transportation off site, does the generator?			
7:26-7.2(a)	Conspicuously label appropriate manifest numbers on all hazardous waste containers that are intended for shipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.2(b)	Insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations (i.e., 49 CFR 171 - 49 CFR 179)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES   NO   N/A

7:26-9.3

Accumulation time

How is waste accumulated on site?

- ☒ Containers
- ☐ Tanks (complete HWMF checklist)
  - ☐ Aboveground   ☐ Below ground
- ☐ Surface impoundments (complete HWMF checklist)
- ☐ Piles (complete HWMF checklist)

7:26-9.3(a)3

Is each container clearly dated with each period of accumulation so as to be visible for.

✓   —   —  
—   —   —

7:26-9.3(a)1

Is waste accumulated for more than 90 days?

If yes, complete HWMF checklist.

\* According to Daniels' personnel waste is not accumulated for more than 90 days however, a drum dated 11/11/86 was observed during the inspection

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSD) CHECKLIST IS FILLED OUT.

SHORT TERM ACCUMULATION STANDARDS (FOR GENERATORS WHO ACCUMULATE WASTE IN CONTAINERS FOR 90 DAYS OR LESS)

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	<u>Containers</u>			
	What type of containers are used for storage. Describe the size, type and quantity and nature of waste (e.g., 12 fifty five gallon drums of waste acetone).			
7:26-9.4(d)1i	Do the containers appear to be in good condition, not in danger of leaking?	—	—	—
	If no, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
7:26-9.4(d)4i	Are all containers securely closed except those in use?	—	—	—
7:26-9.4(d)4iii	Do containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	—	—	—
7:26-9.4(d)4iv	Are containerized hazardous waste segregated in storage by waste type?	—	—	—
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	—	—	—
7:26-9.4(d)5	Is the storage area inspected at least daily?	—	—	—
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 feet (15 meters) from the facility's property line?	—	—	—
7:26-11.2	<u>Tanks</u>			
7:26-12.1(a)	Does the generator store hazardous waste in tanks?	—	—	—
	If yes, what are the approximate number and size of tanks containing hazardous waste?			

Identify the waste treated/stored in each tank.

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	<u>General Operating Requirements</u>			
7:26-11.2(a)2	Are the tanks maintained so that there is no evidence of past, present, or risk of future leaks?	—	—	—
	If no, please explain.			
	Are there leaking tanks?	—	—	—
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger or ruptures, corrosion, leaks or other failures?	—	—	—
7:26-11.2(3)	Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	—	—	—
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	—	—	—
7:26-11.2(d)	<u>Inspections</u>			
	Is the tank(s) inspected each operating day for:			
	1. Discharge control equipment	—	—	—
	2. Monitoring equipment	—	—	—
	3. Level of waste in tank	—	—	—
	4. Construction of materials of the tank	—	—	—
	5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures?	—	—	—
7:26-9.2(b)	Are there underground tanks used to store hazardous waste?	—	—	—
	If yes, how many and can they be entered for inspection?	—	—	—
7:26-11.2(e)	Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?	—	—	—
	If no, please explain.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.2(f)	Does it appear that incompatible wastes are being stored separate from each other?	—	—	—
7:26-9.4(g)4	<u>Personnel training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?	—	—	—
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	—	—	—
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of the initial training?  Is there written documentation of the following:	—	—	—
7:26-9.4(g)6i	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	—	—	—
7:26-9.4(g)6ii	A written job description for each position related to hazardous waste management?	—	—	—
7:26-9.4(g)6iii	A written description of the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?	—	—	—
7:26-9.4(g)6iv	Documentation of actual training or experience received by personnel?	—	—	—
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	—	—	—
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?	—	—	—

YES   NO   N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness  
and prevention requirements including  
maintaining:

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.6(b)1	An internal communications or alarm system?	—	—	—
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?	—	—	—
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?	—	—	—
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?	—	—	—
7:26-9.6(c)	Is equipment tested and maintained?	—	—	—
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during handling of hazardous waste?	—	—	—
7:26-9.6(e)	Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?	—	—	—
	If no, please explain.			

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

— — —

Explain.

7:26-9.6(f)	Has the facility made the following arrangements, as appropriate for the type of waste handled on site:	—	—	—
7:26-9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?	—	—	—
7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	—	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment suppliers?	—	—	—
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?	—	—	—
7:26-9.6(f)5	Arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	—	—	—
7:26-9.7	<u>Contingency plan and emergency procedures</u>			
7:26-9.7(a)	Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?	—	—	—
7:26-9.7(b)	Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?	—	—	—
7:26-9.7(c)	Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?	—	—	—
7:26-9.7(d)	Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 <u>et seq.</u> ?	—	—	—
	If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?	—	—	—
7:26-9.7(e)	Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?	—	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.7(f)	Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates.	—	—	—
7:26-9.7(g)	Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?	—	—	—
7:26-9.7(h)	Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?	—	—	—
7:26-9.7(i)	Is a copy of the contingency plan and all revisions to the plan:  1. Maintained at the facility; and  2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?	—	—	—

# TRANSPORTER INSPECTION

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	Does the transporter carry hazardous waste? If yes, explain.	—	—	—
7:26-7.5(c)1	Has the transporter obtained a hazardous waste collector/hauler license from the NJDEP? License #:	—	—	—
7:26-7.5(d)1	Does the transporter have an EPA identification number?	—	—	—
7:26-3.4(h)	Do the vehicle(s) have the NJSWA registration number in letters and numbers at least three (3) inches in height?	—	—	—
7:26-3.4(h)	Is the capacity of the vehicle marked on both sides of the vehicle in letters and numbers at least three (3) inches in height?	—	—	—
7:26-3.4(h)	Is the current NJSWA registration certificate in the vehicle?	—	—	—
7:26-3.2(b)	Does the license plate number and registration number on the certificate correspond to the vehicle's license plate number and the registration number displayed on the vehicle?	—	—	—
7:26-7.5(d)18	Does the transporter have in each registered vehicle a current list of all federal and state agencies to be notified in the event of a discharge of hazardous waste during transportation?	—	—	—
	How many vehicles were inspected?			
7:26-7.5(d)12	Have the drivers received any instruction or training to do with the handling of hazardous waste?	—	—	—
7:26-7.5(d)15	Is the transporter equipped with emergency equipment in conformance with subpart H of 49 CFR 393? List equipment.	—	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.5(f)1i to iv	Has the transporter ever had an unauthorized discharge of hazardous waste during transportation?	—	—	—
	If yes, did the transporter:			
7:26-7.5(f)3i	Give notice, if required by 49 CFR 171.15 to the National Response Center?	—	—	—
7:26-7.5(f)3ii	Report in writing as required by 49 CFR 171.16 to the Director, Office of Hazardous Materials, Transportation Bureau, Department of Transportation, Washington, DC 20590?	—	—	—
7:26-7.5(f)3iii	Contact the Department at 609-292-5560 or 609-292-7172?	—	—	—

MANIFESTS

7:26-7.5(d)5	Does the transporter have a manifest form to accompany the waste shipment?	—	—	—
	Manifest document number: _____			
7:26-7.3(a)1	If the shipment originated from a site in New Jersey and is destined for another site in New Jersey, is the manifest form one supplied by the NJDEP?	—	—	—
7:26-7.3(a)2	If the shipment originated from a site in another state and is destined for a TSDF in New Jersey, is the manifest form one supplied by the NJDEP or one approved for use in New Jersey by the Department?	—	—	—
7:26-7.3(a)3	If the shipment originated from a site in New Jersey and is destined for a TSDF in another state, is the manifest form one supplied by the NJDEP or one approved for use by the Department?	—	—	—
7:26-7.5(d)11	If the hauler was unable to deliver a manifested load to the designated facility, did they contact the generator and gain further instructions from them?	—	—	—
	If yes, cite generator name and manifest number involved.			

# HAZARDOUS WASTE FACILITY STANDARDS

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(b)	<u>Waste Analysis</u>			
7:26-9.4(b)1i	Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis must contain all the information necessary for proper treatment, storage or disposal of the waste.)	✓	—	—
7:26-9.4(b)1iii	Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one: Waste characteristics vary _____ All waste(s) are basically the same _____ Company treats all waste(s) as hazardous _____	—	✓	—
			* waste streams remain unchanged	
7:26-9.4(b)2	Is there a written waste analysis plan at the facility?	✓	—	—
	Does it contain:			
7:26-9.4(2)i	Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rationale for the selection of these parameters?	✓	—	—
7:26-9.4(b)2ij	The test methods which will be used to test for these parameters?	✓	—	—
7:26-9.4(b)2iii	The sampling method which will be used to obtain a representative sample of the waste to be analyzed?	✓	—	—
7:26-9.4(b)2iv	The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date? * each batch is analyzed	✓	—	—
7:26-9.4(b)2v	For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply?	—	—	—
7:26-9.4(b)2vii	Procedures which will be used to identify changes in waste stream characteristics?	✓	—	—
7:26-9.4(b)3	Did the owner or operator submit the waste analysis plan to the Department?	✓	—	—
	If yes, when was the plan submitted?			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	Does hazardous waste come to this facility from an outside source? (e.g., another generator)	—	✓	—
	If yes, list the name(s) of generators.			
7:26-9.4(b)4	If waste comes from an outside source, are there procedures in the waste analysis plan to insure that waste received conforms to the accompanying manifest?	—	—	✓
	Does the plan describe:			
7:26-9.4(b)4i	The procedures which will be used to determine the identity of each shipment of waste managed at the facility?	—	—	✓
7:26-9.4(b)4ii	The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling?	—	—	✓
7:7:26-9.4(h)	<u>Security</u>			
	Does the facility have:			
7:26-9.4(h)1i	A 24 hour surveillance system which continuously monitors and controls entry onto the active portion of the facility?	✓	—	—
7:26-9.4(h)1ii	An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility?	✓	—	—
7:26-9.4(h)3	Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?	✓	—	—
	If no, explain what measures are taken for security.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(f)	<u>General Inspection Requirements</u>			
7:26-9.4(f)1	Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:			
7:26-9.4(f)1i	Discharge of hazardous waste constituents to the environment?	✓	—	—
7:26-9.4(f)1ii	A threat to human health?	✓	—	—
7:26-9.4(f)3	Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?	✓	—	—
7:26-9.4(f)3i	Did the owner or operator submit the written inspection schedule to the department?	✓	—	—
	If yes, when was it submitted?			
	August 22 1985			
7:26-9.4(f)3iii	Is the written inspection schedule kept at the facility?	✓	—	—
7:26-9.4(f)3iv	Does the schedule identify the types of problems to be looked for during the inspection?	✓	—	—
7:26-9.4(f)3v	Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?	✓	—	—
7:26-9.4(f)5	Is there evidence that problems reported in the inspection log have been remedied?	✓	—	—
7:26-9.4(f)6	Does the owner/operator record inspections in a log?	✓	—	—
	Are these records kept for at least three (3) years from the date of inspection?	✓	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	Does the records include the date, and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)	<u>Personnel training</u>			
	Have facility personnel successfully completed a program of classroom instruction or on-the-job training within 6 months of having been employed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there written documentation of the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6i	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6ii	A written job description for each position related to hazardous waste management?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6iii	A written description of the type and amount of both introductory and continuing training given to personnel in jobs related to hazardous waste management?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6iv	Documentation of actual training or experience received by personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for 3 years from their last date of employment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
7:26-9.6	<u>Preparedness and prevention</u>			
	Does the facility comply with preparedness and prevention requirements including maintaining:			
7:26-9.6(b)1	An internal communications or alarm system?	✓		
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?	✓		
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?	✓		
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?	✓		
7:26-9.6(c)	Is equipment tested and maintained?	✓		
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during handling of hazardous waste?	✓		
7:26-9.6(e)	Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?	✓		
	If no, please explain.			
	In your opinion, do the types of waste on site require all of the above procedures, or are some not required?	✓		
	Explain.			
7:26-9.6(f)	Has the facility made the following arrangements, as appropriate for the type of waste handled on site?			
7:26-9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?	✓		

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	—	—	✓
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment suppliers?	✓	—	—
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?	✓	—	—
7:26-9.6(f)5	Arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	✓	—	—
7:26-9.7	<u>Contingency plan and emergency procedures</u>			
7:26-9.7(a)	Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?	✓	—	—
7:26-9.7(b)	Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?	✓	—	—
7:26-9.7(c)	Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?	✓	—	—
7:26-9.7(d)	Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.? * The Facility has a DPCC Plan.	✓	—	—
	If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?	✓	—	—

- 7:26-9.7(e) Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services? ☒ ☐ ☐
- 7:26-9.7(f) Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates. ☒ ☐ ☐
- 7:26-9.7(g) Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities? ☒ ☐ ☐
- 7:26-9.7(h) Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)? ☒ ☐ ☐
- 7:26-9.7(i) Is a copy of the contingency plan and all revisions to the plan:
1. Maintained at the facility; and ☒ ☐ ☐
  2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams)? ☒ ☐ ☐
- 7:26-9.8 Closure plan
- 7:26-9.8(c) Does the facility have a written closure plan? ☒ ☐ ☐
- Does the owner/operator keep a written copy of the closure plan and all revisions to the plan at the facility? ☒ ☐ ☐
- If yes, does the plan include:

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.8(e)1i	A description of how and when the facility will be partially closed (if applicable) and ultimately closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.8(e)1ii	The maximum extent of the operation which will be open during the life of the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.8(e)2	An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the life of the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.8(e)3	A description of the steps needed to decontaminate facility equipment during closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.8(e)4	A schedule for final closure including the anticipated date when the wastes will no longer be received, the date when completion of final closure is anticipated, and intervening milestone dates which will allow tracking of the progress of closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Post Closure Plan</u>			
7:26-9.9(g)	Does the facility have a written post-closure plan kept at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, does the plan:			
7:26-9.9(i)	Identify the activities which will be carried on after closure and the frequency of these activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.9(i)1	Include a description of the planned ground-water monitoring activities and frequencies at which they will be performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.9(i)2	Include a description of the planned maintenance activities, and frequency at which they will be performed, to insure the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.9(i)2i	The integrity of the cap and final cover or other containment structures where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.9(i)2ii	Describe the function of the facility monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.9(i)3	Include the name, address and phone number of a person or office to contact about the disposal facility during the post-closure period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the owner/operator have a written estimate of the cost of post-closure for the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, what is it?			

Please circle all appropriate activities and answer questions on indicated pages for all activities circled.

Storage

Treatment

Disposal

Container - pg. 9

Tank - pg. 12

Landfill - pg. 18

Tank, above ground - pg. 12

Surface Impoundments - pg. 15

Tank, below ground - pg. 12

Incineration - pg. 20

Surface Impoundments - pg. 15

Surface Impoundments - pg. 15

Thermal Treatment - pg. 23

Other \_\_\_\_\_

Waste Piles - pg. 17

Other \_\_\_\_\_

Chemical, Physical and  
Biological Treatment - pg. 25

Other \_\_\_\_\_

YES

NO

N/A

7:26-9.4(d)

Containers

What type of containers are used for storage?  
Describe the size, type, quantity and nature  
of wastes (e.g., 12 fifty-five gallon drums  
of waste acetone)

28 55-gallon drums  
3 250-gallon tubs

7:26-10.4(b)

Is there a containment system for spills,  
leaks and precipitation?

☒ ☐ ☐

Is yes, describe the containment system.

7:26-9.4(d)1i

Do the containers appear to be of sturdy leak-  
proof construction of adequate wall thickness,  
weld, hinge and seam strength, and of  
sufficient material strength to withstand  
side and bottom shock, while filled, without  
impairment of the container's ability to  
contain hazardous waste?

☒ ☐ ☐

If no, explain.

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(d)1ii	Are the lids, caps, hinges or other closure devices of sufficient strength that when closed, they will withstand dropping, overturning or other shock without impairment of the container's ability to contain hazardous waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If no, explain.			
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)2	If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
7:26-9.4(d)4i	Are all containers securely closed, except those in use, so that there is no escape of hazardous waste or its vapors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If no, explain.			
7:26-9.4(d)4ifi	Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If no, explain.			
7:26-9.4(d)iv	Are containerized hazardous wastes segregated in storage by waste type?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)v	Are containerized hazardous wastes arranged so that their identification label is visible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)3	Are hazardous wastes stored in containers made of compatible materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(d)5	Does the owner/operator inspect the container storage area at least daily, looking for leaks and for deterioration caused by corrosion or other factors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)6	Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)7i	Are incompatible wastes, or incompatible wastes and materials placed in the same container?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If yes, explain.			
7:26-9.4(d)7ii	Are hazardous wastes placed in unwashed containers that previously held incompatible wastes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If yes, explain.			
7:26-9.4(d)7iii	Are containers holding hazardous waste that are incompatible with any waste or other materials stored nearby in other containers, open tanks, or surface impoundments separated from the other materials or protected from them by means of a dike, berm, wall or other device?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(e)1i	Are ignitable, reactive or incompatible wastes protected from sources of ignition or reaction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If no, explain.			
7:26-9.4(e)1ii	Does the owner/operator confine smoking and open flames to specially designated locations when ignitable or reactive wastes are being handled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If no, explain.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(e)1iii	Does the owner/operator conspicuously place "No Smoking" signs whenever there is a hazard from ignitable or reactive waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If the treatment, storage or disposal of ignitable or reactive waste, and the mixture of incompatible wastes and materials, conducted so that it does not:			
7:26-9.4(e)2i	Generate extreme heat or pressure, fire or explosion, or violent reaction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(e)2ii	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(e)2iii	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(e)2iv	Damage the structural integrity of the device or facility containing the waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(e)2v	Threaten human health or the environment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7:26-11.2

Tanks

NA

What are the approximate number and size of tanks containing hazardous waste?

Identify the waste treated/stored in each tank.

General Operating Requirements

7:26-11.2(a)2

Are hazardous wastes or treatment reagents placed in the tank that could cause the tank or its inner liner to rupture, leak or corrode?

If yes, please explain.

Are there leaking tanks?

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger of ruptures, corrosion, leaks or other failures?	—	—	—
7:26-11.2(3)	Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	—	—	—
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	—	—	—
7:26-11.2(c)	<u>Inspections</u>			
	Is the tank(s) inspected for:			
	1. Discharge control equipment (each operating day)	—	—	—
	2. Monitoring equipment (each operating day)	—	—	—
	3. Level of waste in tank (each operating day)	—	—	—
	4. Construction of materials of the tank (weekly)	—	—	—
	5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures (weekly)?	—	—	—
7:26-9.2(b)	Are there underground tanks used to store hazardous waste?	—	—	—
	If yes, how many and can they be entered for inspection?	—	—	—
	Has the underground tank been in use on or before November 19, 1980? Specify date.	—	—	—
	If no, when was the tank placed in use?			
7:26-11.2(e)	Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?	—	—	—
	If no, please explain.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.2(f)	Does it appear that incompatible wastes are being stored separate from each other?	—	—	—
7:26-9.2(b)3i	Does the facility have a groundwater monitoring plan approved by the Department?	—	—	—
7:26-9.2(b)3ii	Is the use of the tank specified to the manufacturers recommended lifetime?	—	—	—
7:26-10.5(e)6	Are the underground tanks subjected to periodic integrity testing?	—	—	—

YES   NO   N/A

7:14A-6

Groundwater monitoring

(Applies only to: surface impoundments,  
landfills, land disposal facilities)

7:14A-6.2

Does the owner/operator have a groundwater  
monitoring plan approved by the Department  
and capable of determining the facility's  
impact on the quality of groundwater?

— — —

If no, please explain.

How many monitoring wells has the facility  
installed?

What is the depth to groundwater?

How many deep monitoring wells are onsite?  
(Indicate depth of monitoring wells)

How many shallow monitoring wells are onsite?  
(Indicate depth of monitoring wells)

7:14A-6.3(a)

Is the groundwater monitoring system capable  
of yielding groundwater samples for analysis?

— — —

If no, please explain.

7:14A-6.3(a)1

Are monitoring wells installed hydraulically  
upgradient?

— — —

If yes, specify how many and the depth of  
each.

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:14A-6.3(a)2	How many monitoring wells are installed hydraulically down gradient?  If yes, specify how many and the depth of each.	—	—	—
7:14A-6.4(a)	Does the owner/operator have a groundwater sampling and analysis plan?  If no, please explain.	—	—	—
7:14A-6.4(a)	Does the plan include procedures and techniques for:			
	1. Sample collection	—	—	—
	2. Sample preservation and shipment	—	—	—
	3. Analytical procedures	—	—	—
	4. Chain of custody	—	—	—
7:26-11.3	<u>Surface Impoundments</u> NA  Describe the design and operating features of the surface impoundment to prevent groundwater contamination (e.g., liner leachate collection system).          Give the approximate size of surface impoundments (gallons or cubic feet). Please specify the types of waste stored and treated.			
7:26-11.3(a)	Is there at least 2 feet of freeboard in the impoundment?	—	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.3(b)	Do all earthen dikes have a protective cover to preserve their structural integrity?  If yes, please specify the type of covering.	—	—	—
7:26-9.4(b)1	Does the owner/operator have a detailed chemical and physical analysis of a representative sample of the waste in the impoundment?	—	—	—
7:26-9.4(c)2	Does the owner/operator place the results from each waste analysis and trial test, or the documented information, in the operating record of the facility?	—	—	—
7:26-11.3(d)	Does the owner or operator inspect:			
7:26-11.3(d)1	The freeboard level at least once each operating day to ensure compliance with subsection 11.3(a)?	—	—	—
7:26-11.3(d)2	The surface impoundment, including dikes and vegetation surrounding the dike, at least once a week to detect any leaks, deterioration or failures in the impoundment?	—	—	—
7:26-11.3(f)	Is ignitable or reactive waste placed in the surface impoundment?	—	—	—
7:26-11.3(f)1	If yes, is the waste treated, rendered, or mixed before or immediately after placement in the impoundment?	—	—	—
7:26-11.3(f)1i	Does the resulting waste, mixture, or dissolution of material no longer meet the definition of ignitable or reactive waste?	—	—	—
7:26-11.3(f)1ii	Is the waste treated, rendered or mixed so that it does not:			
7:26-9.4(e)2i	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	—
7:26-9.4(e)2ii	Produce uncontrolled toxic mists, fumes, dusts, of gases in sufficient quantities to threaten human health?	—	—	—
7:26-9.4(e)2iii	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(e)2iv	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.3(f)2	Is the surface impoundment used solely for emergencies?	—	—	—
7:26-11.3(g)	Are incompatible wastes, or incompatible wastes and materials placed in the same surface impoundment?	—	—	—
	If yes, is the waste managed so that it does not:			
7:26-9.4(e)2i	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	—
7:26-9.4(e)2ii	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	—
7:26-9.4(e)2iii	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	—
7:26-9.4(e)2iv	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
	<u>Waste Piles</u> NA			
	How many waste piles are on-site and approximately how large are they? (Please indicate size and height and types of wastes in piles.)			
	Is the waste pile protected from wind erosion?	—	—	—
	a) Does it appear to need such protection?	—	—	—
	b) Explain what type of protection does exist.			
7:26-9.3(a)5i	Is the waste pile larger than 200 cubic yards?	—	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.3(a)5ii	Is the pile placed on an impermeable base that is compatible with the waste?  If no, explain.	—	—	—
7:26-9.3(a)5iii	Is run-on diverted away from the pile?	—	—	—
7:26-9.3(a)5iv	Is leachate and run-off from the pile collected and managed as a hazardous waste?	—	—	—
7:26-11.4	<u>Landfills</u> NA  Identify the types of waste and size of the land-fill.			

General Operating Requirements

7:26-11.4(a)1	Is run-on diverted away from all portions of the landfill?	—	—	—
7:26-11.4(a)2	Is run-off from active portions of the landfill collected?	—	—	—
7:26-11.4(a)3	Is waste which is subject to wind dispersal controlled?  Please explain how.	—	—	—
7:26-11.4(a)4	Does waste disposal or the disposal operation occur within 200 feet (60.6 meters) of the property boundary?	—	—	—
7:26-11.4(a)6	Are untreated, ignitable, or reactive wastes placed in the landfill?  If yes, explain.	—	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(a)7	Are incompatible wastes, or incompatible wastes and materials placed in the same hazardous waste landfill cell?	—	—	—
	If yes, explain.			
7:26-11.4(a)8	Are bulk or non-containerized liquid waste or waste containing free liquids placed in a hazardous waste landfill?	—	—	—
	If yes:			
7:26-11.4(a)8i	Does the hazardous waste landfill have a liner which is chemically and physically resistant to the added liquid and a functioning leachate collection and removal system with a capacity sufficient to remove all leachate produced?	—	—	—
7:26-11.4(a)8ii	Before disposal, is the liquid waste or waste containing free liquids treated or stabilized, chemically or physically, so that free liquids are no longer present?	—	—	—
7:26-11.4(a)9	Are containers holding liquid waste or waste containing free liquids placed in a hazardous waste landfill?	—	—	—
	If yes:			
7:26-11.4(a)9i	Is the container designed to hold liquids or free liquids for a use other than storage, such as a battery?	—	—	—
7:26-11.4(a)9ii	Is the container very small, such as an ampule?	—	—	—
7:26-11.4(a)10	Are empty containers crushed flat, shredded, or similarly reduced in volume before it is buried beneath the surface of a hazardous waste landfill?	—	—	—
7:26-11.4(a)11	Does the owner or operator of a hazardous waste landfill continue to dispose of hazardous wastes subsequent to the detection of any liquid, in the secondary collection system?	—	—	—
7:26-11.4(b)	Does the owner or operator of a hazardous waste landfill maintain an operating record required in N.J.A.C. 7:26-9.4(i)?	—	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(b)1	Does the owner/operator maintain a map, the exact location and dimensions, including depth of each cell with respect to permanently surveyed bench marks?	—	—	—
7:26-11.4(b)2	The contents of each cell and the appropriate location of each hazardous waste type within each cell?	—	—	—
	Are containers holding liquid waste or waste containing free liquids placed in the landfill?	—	—	—
	Please describe the types and contents of such containers placed in the landfill.			
	Are empty containers placed in the landfill crushed flat, shredded or similarly reduced in volume before they are buried?	—	—	—
	Are small containers of hazardous waste in overpacked drums placed in the landfill?	—	—	—
	If yes, please describe precautions taken to prevent the release of the waste.			

7:26-11.5

Incinerator

NA

What type of incinerator is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.)

List the types and quantities of hazardous waste incinerated.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Is the residue from the incinerator a hazardous waste?	—	—	—

What types of air pollution control devices (if any) are installed in the incinerator unit?

Is energy recovered from the process?

If yes, describe.

What is the destruction and removal efficiency for the organic hazardous waste constituents?

7:26-11.5(b)1 Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:

7:26-11.5(b)1i Heating value of the waste?

7:26-11.5(b)1ij Halogen and sulfur content?

7:26-11.5(b)1iii Concentrations of lead and mercury?

7:26-11.5(2) If no to any of the above questions, is there justification and documentation?

If operating, does it appear the incinerator is operating at steady state for conditions of operation, including temperature and air flow?

#### Monitoring and Inspection

7:26-11.5(c)1 Are existing instruments relating to combustion and emission controls monitored every 15 minutes?

If no, explain.

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.5(c)1	Does the incinerator have all the following instruments for measuring: wastefeed, auxiliary fuel feed air flow, incinerator temperature scrubber flow, and scrubber pH? (Circle missing instruments.)	—	—	—
	If no, explain.			
7:26-11.5(c)2	Is the stack plume observed visually at least hourly for opacity and color?	—	—	—
7:26-11.5(c)3	Are there any signs of leaks, spill and fugitive emission associated with the pumps, valves, conveyors, pipes, etc?	—	—	—
	If yes, describe.			
7:26-11.5(c)3	Are all emergency shutdown controls and system alarms checked to assure proper operation?	—	—	—
	Is there any reason to believe the incinerator is being operated improperly? i.e., steady state conditions are not maintained.	—	—	—
	If yes, explain.			
7:26-11.5(c)3	Is the incinerator inspected daily?	—	—	—
7:26-11.5(e)	Is there open burning of hazardous waste?	—	—	—
	If yes, what is being burned? (Only burning or detonation of explosives is permitted.)			
	If open burning or detonation of explosives is taking place, approximately what is the distance from the open burning or detonation to the property of others?			

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Are containers holding liquid waste or waste containing free liquids placed in the landfill?	—	—	—
Please describe the types and contents of such containers placed in the landfill.			
Are empty containers placed in the landfill crushed flat, shredded or similarly reduced in volume before they are buried?	—	—	—
Are small containers of hazardous waste in overpacked drums placed in the landfill?	—	—	—
If yes, please describe precautions taken to prevent the release of the waste.			

7:26-11.6

Thermal Treatment      NA

What type of thermal treatment is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.)

List the types and quantities of hazardous waste thermally treated.

Is the residue from the thermal treatment unit a hazardous waste?

What types of air pollution control devices (if any) are installed in the thermal treatment unit?

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	Is energy recovered from the process?	—	—	—
	If yes, describe.			
	What is the destruction and removal efficiency for the organic hazardous waste constituents?			
7:26-11.6(b)1	Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:			
7:26-11.6(b)1i	Heating value of the waste?	—	—	—
7:26-11.6(b)1ii	Halogen and sulfur content?	—	—	—
7:26-11.6(b)1iii	Concentrations of lead and mercury?	—	—	—
7:26-11.6(2)	If no to any of the above questions, is there justification and documentation?	—	—	—
	If operating, does it appear the thermal treatment unit is operating at steady state for conditions of operation, including temperature and air flow?	—	—	—
	<u>Monitoring and Inspection</u>			
	Are existing instruments relating to combustion and emission controls monitored every 15 minutes?	—	—	—
	If no, explain.			
7:26-11.6(c)1	Does the thermal treatment have all the following instruments for measuring: wastefeed, auxiliary fuel feed air flow, incinerator temperature scrubber flow, and scrubber pH? (Circle missing instruments.)	—	—	—
	If no, explain.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.6(c)2	Is the stack plume observed visually at least hourly for opacity and color?	—	—	—
7:26-11.6(c)3	Are there any signs of leaks, spill and fugitive emission associated with the pumps, valves, conveyors, pipes, etc?	—	—	—
	If yes, describe.			
7:26-11.6(c)3	Are all emergency shutdown controls and system alarms checked to assure proper operation?	—	—	—
	Is there any reason to believe the thermal treatment unit is being operated improperly? i.e., steady state conditions are not maintained.	—	—	—
	If yes, explain.			
7:26-11.6(c)3	Is the thermal treatment inspected daily?	—	—	—
7:26-11.6(e)	Is there open burning of hazardous waste?	—	—	—
	If yes, what is being burned? (Only burning or detonation of explosives is permitted.)			
	If open burning or detonation of explosives is taking place, approximately what is the distance from the open burning or detonation to the property of others?			
7:26-11.7	<u>Chemical, Physical and Biological Treatment</u> (Other than in tanks, surface impoundments or plant treatment facilities)	NA		

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	Describe the treatment system at this facility and the types of wastes treated.			
7:26-11.7(a)2	Does the treatment process system show any signs of ruptures, leaks or corrosion?  If yes, describe.	—	—	—
7:26-11.7(a)3	Is there a means to stop the inflow of continuously-fed hazardous wastes?  <u>Inspections</u>	—	—	—
7:26-11.7(c)1	Is the discharge control safety equipment (e.g., waste feed cut-off systems, by-pass systems, drainage systems and pressure relief systems) in good working order?	—	—	—
7:26-11.7(c)1	Are they inspected at least once each operation day?	—	—	—
7:26-11.7(c)2	Does the data gathered from the monitoring equipment (e.g., pressure and temperature gauges) show treatment process is operating according to design?	—	—	—
7:26-11.7(c)2	Is data gathered at least once each operating day?	—	—	—
7:26-11.7(c)3	Are construction materials of the treatment process inspected at least weekly to detect corrosion or leaking of fixtures and seams?	—	—	—
7:26-11.7(c)4	Are the discharge confinement structures (e.g., dikes) immediately surrounding the treatment unit inspected at least weekly to detect erosion or obvious signs of leakage (e.g., wet spots or dead vegetation).	—	—	—
7:26-11.7(e)1	Are ignitable or reactive waste fed into the waste treatment system treated or protected from any material or conditions which may cause it to ignite or react?  If yes, explain how.	—	—	—

7:26-11.7(f)

Are the incompatible wastes placed in the same treatment process?

YES    NO    N/A

—    —    —

If yes, please explain.

ATTACHMENT 1

RCRA LAND RESTRICTION F-SOLVENT CHECKLIST

Inspector: Lisa Goldberg  
 Address: Versar Inc  
Springfield VA  
 Telephone No: (703) 750-3000

RCRA LAND RESTRICTION F-SOLVENT  
 GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name Daniel Products B. Street (or other identifier) 400 Claremont Avenue  
 C. City Jersey City D. State New Jersey E. Zip Code 07304 F. County Name \_\_\_\_\_  
 G. Nature of Business; Identification of Operations Dispersions + Specialty Additives  
 H. EPA ID # NJDO0134068  
 I. Handler Contact (Name and Phone Number) Klaus Meinsan Vice President- Administration 201-432-0800

II. GENERATOR COMPLIANCE

A. F-Solvent Identification

1. Does the handler generate the following wastes?

a. F001 Yes ✓No  
 b. F002 Yes ✓No  
 c. F003 ✓Yes No

If an F003 wastestream listed solely for ignitability has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? Yes ✓No

d. F004 Yes ✓No  
 e. F005 Yes ✓No

2. Source of the above: Form 8700-12 Discussed with personnel during this inspection; Part A Discussed with personnel during this inspection; Part B Discussed with personnel during this inspection; other (specify) Discussed with personnel during this inspection

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below: Wastes classified by category, not questionable if the wastes are solvents.

Handle Name: Daniel Products  
 ID Number: NJDO0134068  
 Inspector: L. Goldberg/S. Slagley  
 Date: 9-1-87

B. BDAT Treatability Group - Treatment Standards Identification

Comments

1. Did the generator correctly determine the appropriate treatability group [268.41] of the waste (Wastewaters containing solvents, pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

☐ Yes ☒ No

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on [268.7(a)]:

a. Knowledge of wastes

☐ Yes ☒ No

b. TCLP

☐ Yes ☒ No

c. Other (specify) \_\_\_\_\_

If knowledge, note how this is adequate: \_\_\_\_\_

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: \_\_\_\_\_

Note any problems: \_\_\_\_\_

- d. Were wastes tested using TCLP when a process or wastestream changed?

☐ Yes ☒ No

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?

☐ Yes ☐ No  
☐ Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [268.3]

☐ Yes ☒ No

D. Management

1. Onsite management

a. Were F-solvent wastes managed onsite?

☐ Yes ☒ No

If yes, answer 1(b) and (c); if no, answer 2.

Facility believes that the waste stream contains less than 10% solvent. However, the analytical results (Attachment 2, Exhibit 3) do not provide the exact concentration of the organic solvent. In addition, the facility did not maintain any documentation on the constituents in the solvent rinses that comprise the waste stream.

## Comments

N/A

**Yes      No**

c. Are test results maintained in the operating record [264.74(b)3/265.73(b)(3)]?

N/A

**Yes      No**

a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:

(i) EPA waste number? Yes ☒ No

       **Yes**      **✓** **No**

(ii) Applicable treatment standard? Yes ☒ No

       Yes      ☒ No

(iii) Manifest number? ✓ Yes      No

☒ Yes ☐ No

(iv) Waste analysis data, if available?

**Yes**    ☒ **No**

### Identify offsite treatment facilities

b. If F-solvent wastes did not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]:

(i) EPA Hazardous waste number?        Yes        No

**Yes      No**

(ii) Applicable treatment standard? Yes No

**Yes      No**

(iii) Manifest number?            Yes            No

**Yes      No**

(iv) Waste analysis data, if available?

**Yes      No**

(v) Certification that waste meets treatment standards?

**Yes      No**

**Identify land disposal facilities receiving the BDAT certified wastes**

Handler Name: Daniel Products  
 ID Number: NTD00134064  
 Inspector: L. Goldberg / S. Slagley  
 Date: 9-1-87

- c. If waste is subject to nationwide variance [268.30] (e.g., solvent-water mixtures less than 1%), case-by-case extension [268.5] or petition [268.6] does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]?

Comments

Yes No

E. Storage of F-Solvent Waste

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SQG) [268.50(a)(1)]?

Yes ✓No

If yes, was facility operating as a TSD under interim status or final permit?

Yes No

If yes, TSD Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

Yes ✓No

If yes, list type of treatment unit and processes

---



---



---

If the residuals from a RCRA-exempt treatment unit are above the treatment standards, the owner/operator is considered a generator of restricted waste. The inspector should determine whether the generator requirements, particularly waste identification requirements, have been met for the treatment residuals.

ATTACHMENT 2

PERTINENT DOCUMENTATION

ATTACHMENT 2, Exhibit 1

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1986  
- CERTIFICATION FORM -

- I. EPA ID Number: NJD001340686
- II. Generator Name: DANIEL PRODUCTS COMPANY
- III. Contact Person: KLAUS MEINSSSEN
- IV. Phone Number: (201)432-0800
- V. Certification:

I certify that the information given in this annual report is true, accurate and complete.

Klaus Meinssen  
(Print or type name)

\_\_\_\_\_  
(Signature)

Sent Certified Mail - RR Req.  
19 Feb 1987

N.J. Dept of Environmental Protection  
Div of Hazardous Waste Management  
401 E State Street - Fifth Floor  
CN028  
Trenton, N J 08625

PS Form 3811, July 1982

• **SENDER:** Complete Items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space on reverse.

**(CONSULT POSTMASTER FOR FEES)**

1. The following service is requested (check one).  
☐ Show to whom and date delivered .....  
☐ Show to whom, date, and address of delivery ..  
 2. ☐ **RESTRICTED DELIVERY** .....  
 (The restricted delivery fee is charged in addition to the return receipt fee.)

**TOTAL \$** \_\_\_\_\_

3. ARTICLE ADDRESSED TO: NJ DEPT OF ENVIRONMENTAL PROTECTION  
DIV OF HAZARDOUS WASTE - PROTECTION  
401 EAST STATE STREET - FIFTH FLOOR  
CN028 TRENTON, NJ 08625

4. TYPE OF SERVICE:  
☐ REGISTERED ☐ INSURED  
☒ **CERTIFIED** ☐ COD  
☐ EXPRESS MAIL

ARTICLE NUMBER  
P 280  
P 33-208

(Always obtain signature of addressee or agent)

I have received the article described above.  
**SIGNATURE** ☐ Addressee ☐ Authorized agent

5. DATE OF DELIVERY \_\_\_\_\_ POSTMARK (may be on reverse side) \_\_\_\_\_

6. ADDRESSEE'S ADDRESS (Only if requested) \_\_\_\_\_

7. UNABLE TO DELIVER BECAUSE: \_\_\_\_\_ 7a. EMPLOYEE'S INITIALS \_\_\_\_\_

RETURN RECEIPT

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1986  
- REPORT FORM -

1. Generator Name: DANIEL PRODUCTS COMPANY EPA ID No.: NJD001340686  
Site Address: 400 CLAREMONT AVENUE, JERSEY CITY, N J 07304
2. Transporter Name: S & W WASTE INC EPA ID No.: NJD991291105
3. TSD Facility Name: S & W WASTE INC. EPA ID No.: NJD991291105  
TSD Address: 105 JACOBUS AVENUE, SOUTH KEARNY, N.J. 07032

A.) <u>Number</u>	B.) <u>Waste Description</u>	C.) <u>DOT Haz Class</u>	D.) <u>Total Quantity</u>	E.) <u>Units</u>
X910	Haz Waste Solid N.O.S. ORM-E	NA 9189	1,100	G
D007, D008	Haz Waste Liquid N.O.S. ORM-E	UN 9189	55	G
D001, D007, D008	Waste Flam. Liquid N.O.S.	Flammable Liquid UN 1993	6,315	G
D001, D007, D008	Waste Sodium Hydroxide Mixture	Corrosive UN 1824	1,650	G
X900	Haz Waste Liquid N.O.S. ORM-E	NA 9189	440	G
D007, D008	Haz Waste Solid N.O.S. ORM-E	NA 9189	575	P
X725	Haz Waste Solid N.O.S. ORM-E	NA 9189	60	Y

NOTE: For each combination of transporter and TSD facility, list the total quantity manifested for each waste type.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1986  
- REPORT FORM -

1. Generator Name: DANIEL PRODUCTS COMPANY EPA ID No.: NJD001340686  
Site Address: 400 CLAREMONT AVENUE, JERSEY CITY, N J 07304
2. Transporter Name: CLEAN VENTURE INC. EPA ID No.: NJD085634335
3. TSD Facility Name: PERK CHEMICAL CO., INC. EPA ID No.: NJD002200046  
TSD Address: 217 SO. FIRST STREET, ELIZABETH, N J 07206

A.) <u>Waste Number</u>	B.) <u>Waste Description</u>	C.) <u>DOT Haz Class</u>	D.) <u>Total Quantity</u>	E.) <u>Units</u>
D001	Haz Waste Solid N.O.S. ORM-E	NA 9189	2000	P

(X725)

Haz Waste  
Solid N.O.S.  
ORM-E

NA 9189

7

(Y) CU<sup>3</sup> YARDS

OIL channels from forklifts

SOIL - from spill of tank  
Clean venture >100 ppm

NOTE: For each combination of transporter and TSD facility, list the total quantity manifested for each waste type.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1986  
- WASTE SUMMARY FORM -

Generator Name: DANIEL PRODUCTS COMPANY  
EPA ID No.: NJD001340686

Please indicate below the total quantity of hazardous waste manifested during the 1986 report year for each unit of measure:

9560 G - Gallons (liquids only)  
2575 P - Pounds  
0 T - Tons (2,000 lbs.)  
67 Y - Cubic Yards  
0 L - Liters (liquids only)  
0 K - Kilograms  
0 M - Metric Tons (1,000 kg)  
0 N - Cubic Meters

\*Enter zero (0) for units of measure which were not utilized.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF HAZARDOUS WASTE MANAGEMENT  
HAZARDOUS WASTE GENERATOR WASTE MINIMIZATION REPORT: 1986

COMPANY: DANIEL PRODUCTS COMPANY EPA ID NO.: NJD001340686  
(Name)  
MAILING ADDRESS: 400 CLAREMONT AVENUE JERSEY CITY N J  
(Street) (City) (State)  
LOCATION OF GENERATOR SITE: \_\_\_\_\_  
(If different from mailing address)  
CONTACT PERSON: KLAUS MEINSEN (201) 432-0800  
(Name) (Telephone Number)  
\_\_\_\_\_  
(Signature) (Title)  
Vice President, Administration

PLEASE COMPLETE THE FOLLOWING SURVEY AND REPORT. FOR ASSISTANCE CALL (609) 292-8341

PART I: HAZARDOUS WASTE MINIMIZATION SURVEY

1. What problems are you encountering in attempting to reduce waste generation?  
— Economic X Technical  
X Regulatory — Other (explain)
2. What can government do to help you reduce your generation of hazardous waste?  
X Amend Regulations — Grants X Technical Assistance — Other  
— Loans X Tax Incentives — Impose generation limits (explain)  
or standards
3. If you intend to implement a hazardous waste reduction program how much reduction do you expect to achieve:  
< 10% X 10 - 25% — 26 - 50 % — 51 - 75% — > 75% —
4. Enter the codes (1-7 below) of source reduction approach(es) to be used: 2 4 7  
1-Recycling (reuse) onsite 5-Reformulation/redesign of product  
2-Recycling (reuse) offsite 6-Substituting raw materials  
3-Equipment/technology modifications 7-Improved operations due to: housekeeping,  
4-Process procedure modifications training, inventory control
5. Check the reason(s) for implementing this source reduction program:  
X High costs of hazardous waste disposal X To increase product marketability by  
X Increased insurance costs & liability decreasing product cost through improving  
— To lessen the impact of increasingly manufacturing process efficiency  
complex & restrictive regulations — Other (explain)

# PART II: 1986 WASTE MINIMIZATION REPORT DATA

## EXPLANATIONS and SAMPLE CALCULATIONS:

WASTE NUMBER	1985		1986		UNIT (WEIGHT OR VOLUME)	INCREASE OR DECREASE OF AMT WASTE UNIT PRODUCT	REDUCTION CODE(a)	DISPOSAL CODE
	AMOUNT	AMT WASTE UNIT PRODUCT	AMOUNT	AMT WASTE UNIT PRODUCT				
See NJAC. 7:26-8.9 -8.15	Total waste generated in 1985	Divide waste generated by unit of product produced	Total waste generated in 1986	Divide waste generated by unit of product produced	G-Gallons T-Tons P-Pounds  1 TON = 2000 LBS	2.0 gal/unit 1986 -2.5 gal/unit 1985 ----- -0.5 gal per unit of product produced; reduced from 1985 to 1986	See pg 1 for explanation & legend	See pg 2 for explanation & legend
SAMPLE DATA:								
1. F001	335	2.5	420	2.0	G	-0.5	3	RF
SIC CODE for Waste Stream No 1 - 3679								
Product Produced - Circuit Boards								
D001 1 D007 D008	7755	.012	6315	.012	G	0	9	IF
SIC CODE for Waste Stream No 1 -								
Product Produced -								
2. D007 D008	2229	.002	575	.0014	P	-.0006	7	L
SIC CODE for Waste Stream No 2 - 2851								
Product Produced - PAINT AND INK ADDITIVES								
3. D007 D008	990	.013	55	.007	G	-.006	7	CF
SIC CODE for Waste Stream No 3 -								
Product Produced -								
4. X910	0	0	1100	.012	G	0	11	L
SIC CODE for Waste Stream No 4 - 2851								
Product Produced - PAINT AND INK ADDITIVES								
5. D001 D007 D008	0	0	1650 1560	.012	G	0	10	B
SIC CODE for Waste Stream No 5 - 2851								
Product Produced - PAINT AND INK ADDITIVES								

# PART II: 1986 WASTE MINIMIZATION REPORT DATA

## EXPLANATIONS and SAMPLE CALCULATIONS:

WASTE NUMBER	1985		1986		UNIT (WEIGHT OR VOLUME)	INCREASE OR DECREASE OF AMT WASTE UNIT PRODUCT	REDUCTION CODE(s)	DISPOSAL CODE
	AMOUNT	AMT WASTE UNIT PRODUCT	AMOUNT	AMT WASTE UNIT PRODUCT				
See NJAC. 7:26-8.9 -8.15	Total waste generated in 1985	Divide waste generated by unit of product produced	Total waste generated in 1986	Divide waste generated by unit of product produced	G-Gallons T-Tons P-Pounds  1 TON = 2000 LBS	2.0 gal/unit 1986 -2.5 gal/unit 1985 ----- -0.5 gal per unit of product produced; reduced from 1985 to 1986	See pg 1 for explanation & legend	See pg 2 for explanation & legend

### SAMPLE DATA:

1. F001	335	2.5	420	2.0	G	-0.5	3	RF
SIC CODE for Waste Stream No 1 - 3679					Product Produced - Circuit Boards			

X 6. X900	0	0	440	0	G	0	12	1F
SIC CODE for Waste Stream No 1 -					Product Produced - PAINT AND INK ADDITIVES			
X 7. X725	0	0	67	0	Y	0	11	L
SIC CODE for Waste Stream No 2 - 2851					Product Produced - PAINT AND INK ADDITIVES			
X 8. D001	0	0	2000	0	P	0	11	L
SIC CODE for Waste Stream No 3 - 2851					Product Produced - PAINT AND INK ADDITIVES			
4.								
SIC CODE for Waste Stream No 4 -					Product Produced -			
5.								
SIC CODE for Waste Stream No 5 -					Product Produced -			

1986 WASTE MINIMIZATION REPORT DATA  
EXPLANATIONWASTE ITEM  
NUMBER

- SPENT  
MATERIAL
1. No change in waste generation. DPC is committed to improve its operation in an effort to decrease its waste stream through personnel training and better inventory control.
- ABSORBED  
SPILL
4. This stream is a corrective action cleanup of minor spills. After material is contained and recovered for rework, a residue is left over. This residue is encapsulated in "speedy-dry" absorbent. On-going personnel training and better housekeeping should decrease this waste stream.
- BT  
CHUNK
5. This liquid waste is being generated to eliminate the solidification and land burial of same. Waste stream can now be biologically treated.
- CONTAMINATED  
PRODUCT
6. Contaminated and off specification products could not be reworked into other standard commercial materials without contaminating same, thereby rendering it useless. This is a rare occurrence.
- 7 & 8. This waste stream resulted from the cleaning of several underground storage tanks and disposal of contaminated soil around them. It was a one-time only occurrence.

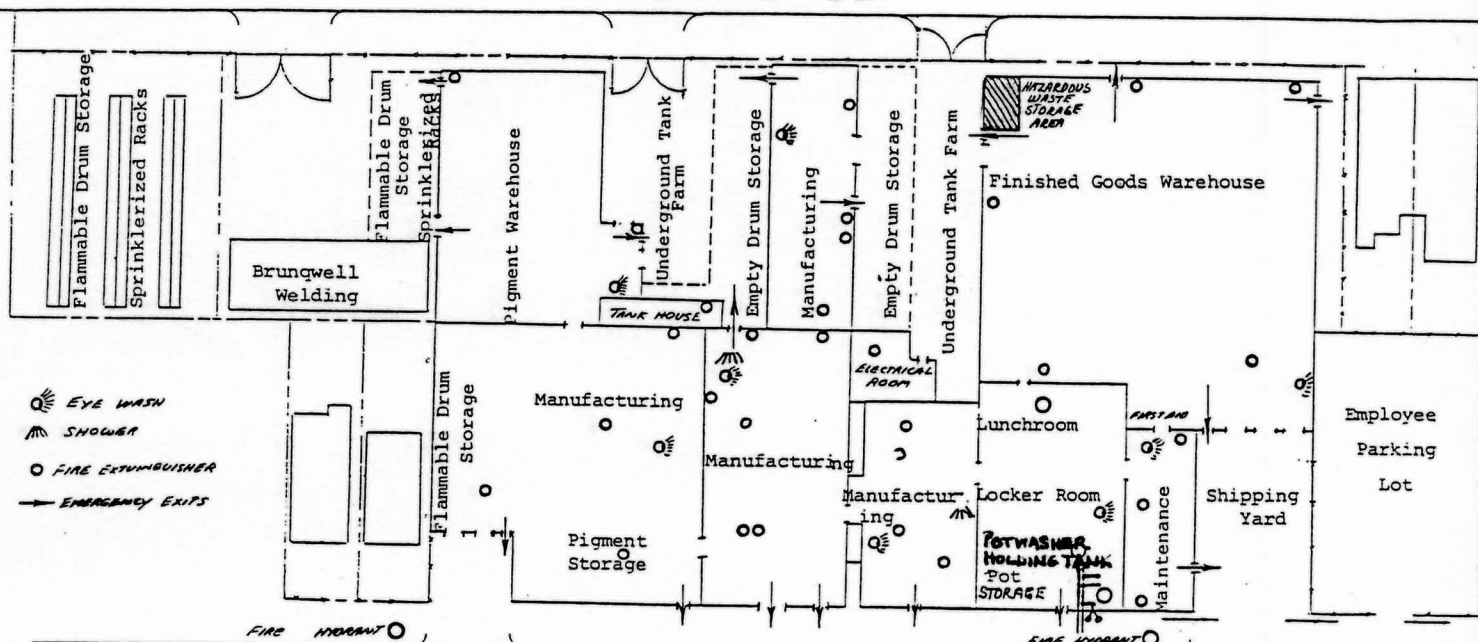
ATTACHMENT 2, Exhibit 2

# DANIEL PRODUCTS COMPANY

## PLANT EMERGENCY ESCAPE ROUTES

○ FIRE HYDRANT

YALE AVENUE



CLAREMONT AVENUE

LOCATION OF SPRINKLER  
SYSTEM 8" MAIN FROM STREET

ATTACHMENT 2, Exhibit 3

DISPERSIONS & SPECIAL ADDITIVES

**DANIEL PRODUCTS COMPANY**



Division of SYNRES CHEMICAL CORP.

400 Claremont Avenue, Jersey City, New Jersey 07304

August 14, 1987

Mr. Bo Iwaskiw  
S & W Waste, Inc.  
115 Jacobus Avenue  
So Kearny, N J 07032

Dear Bo,

As we discussed, enclosed are the updated "Generators Waste Material Profile Sheet" forms (Approval Codes 001 through 007).

If you require anything additional, please let us know.

Very truly yours,

DANIEL PRODUCTS COMPANY



Joseph Viso  
Technical Services

JV/lv  
encls.

cc: D Kelemen  
R Pineiro

# S & W WASTE, INC.

115 JACOBUS AVE. • SOUTH KEARNY, N.J. 07032. (201) 344-4004

## GENERATORS WASTE MATERIAL PROFILE SHEET

APPROVAL  
CODE 004050-001

TECHNICAL  
REP. INITIALS B.I.

### A. GENERAL INFORMATION

GENERATOR NAME DANIEL PRODUCTS COMPANY

NJD00134068

GENERATOR EPA I.D. NO.

ADDRESS 400 CLAREMONT AVENUE, JERSEY CITY, NJ 07304

TECHNICAL CONTACT JOSEPH VISO/GROUP LEADER, TECH. SERVICES

TITLE PHONE (201)432-0800

WASTE NAME ABSORBED SPILL

PROCESS GENERATING WASTE ACCUMULATION OF VARIOUS SPILLS

### B. PHYSICAL CHARACTERISTICS OF WASTE

PHYSICAL STATE @ 70°F <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER % LIQUID _____ % H2O _____	ODOR None-to-solvent COLOR Off-white	<input checked="" type="checkbox"/> ORGANIC <input checked="" type="checkbox"/> INORGANIC <input type="checkbox"/> CHLORINATED ORGANIC	BTU VALUE PER GAL _____ % CL _____ % S _____ BS&W _____ % ASH _____	LAYERS <input checked="" type="checkbox"/> MULTI LAYERED <input type="checkbox"/> BI-LAYERED <input type="checkbox"/> SINGLE PHASED	TOC _____ COD _____ % SOLIDS 30-100
pH: <input type="checkbox"/> 0-2 <input type="checkbox"/> 7.1-10 <input type="checkbox"/> N/A <input type="checkbox"/> 2.1-4 <input type="checkbox"/> 10.1-12.5 <input type="checkbox"/> 4.1-6.9 <input type="checkbox"/> >12.5 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> EXACT 7-13	SPECIFIC GRAVITY <input type="checkbox"/> <.8 <input type="checkbox"/> .8-.9 <input type="checkbox"/> .9-.95 <input type="checkbox"/> .95-1.0 <input type="checkbox"/> 1.0-1.1 <input type="checkbox"/> 1.1-1.24 <input type="checkbox"/> 1.25-1.4 <input type="checkbox"/> 1.5-1.7 <input type="checkbox"/> >1.7 EXACT N/A	<input type="checkbox"/> FLASH <input type="checkbox"/> <90 <input type="checkbox"/> POINT <input type="checkbox"/> <100 <input type="checkbox"/> (°F) <input type="checkbox"/> 100-140 <input type="checkbox"/> CC <input type="checkbox"/> 140-200 <input type="checkbox"/> OC <input type="checkbox"/> <200 EXACT N/A	VISCOSITY (Centipoise) <input type="checkbox"/> 1-100 <input type="checkbox"/> 100-1000 <input type="checkbox"/> 1000-10000 <input type="checkbox"/> >10,000 EXACT N/A		

### C. CHEMICAL COMPOSITION (MUST TOTAL 100%) %

ORGANIC SOLIDS 10-40  
WATER 10-30  
PIGMENT 5-15  
HAZORB 20-80

COMPOSITION VARIES, DEPENDING  
ON TYPES OF SPILLS.

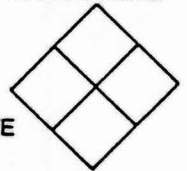
### F. HAZARDOUS CHARACTERISTICS:

TOXICITY RATINGS  
\_\_\_\_ INHALATION  
\_\_\_\_ DERMAL  
\_\_\_\_ ORAL

NFPA RATING

☐ EXPLOSIVE  
☐ WATER REACTIVE  
☐ MSDS ATTACHED

☐ PYROPHORIC  
☐ SHOCK SENSITIVE



### G. MANIFEST INFORMATION

PROPER DOT SHIPPING NAME Hazardous waste solid NOS,  
OR Waste-Corrosive Solid, NOS.

DOT HAZARD CLASS ORM-E/Corrosive Material

UN/NA NO. NA 9189 OR UN 1759

EPA/STATE WASTE TYPE D007, D008, D002

EPA/STATE HAZARD CODE "C" or "E"

### H. SHIPPING INFORMATION

☐ BULK LIQUID ☐ BULK SOLID ☒ DRUMS ☐ OTHER \_\_\_\_\_  
SHIPPING FREQUENCY: QUANTITY \_\_\_\_\_ PER \_\_\_\_\_

### I. SPECIAL HANDLING INFORMATION/COMMENTS:

GOGGLES, GLOVES, APRON. COMBINATION DUST/  
VAPOR RESPIRATOR, BOOTS. (IMPERVIOUS GLOVES,  
RUBBER APRON)

### D. METALS

☐ TOTAL

☐ EP TOX

Ag \_\_\_\_\_ Hg \_\_\_\_\_  
As \_\_\_\_\_ Ni \_\_\_\_\_  
Ba \_\_\_\_\_ Pb \_\_\_\_\_  
Cd \_\_\_\_\_ Se \_\_\_\_\_  
Cr \_\_\_\_\_ Zn \_\_\_\_\_  
Cu \_\_\_\_\_ Te \_\_\_\_\_

OTHER ALL OF ABOVE MAY BE PRESENT.

### E. OTHER COMPONENTS

☐ PCB'S\* N/A  
☐ PESTICIDES/HERBICIDES\* N/A  
☐ CYANIDE OR CYANIDE PRODUCING N/A  
☐ SULFIDE OR SULFIDE PRODUCING N/A  
☐ PHENOLICS N/A  
☐ RADIOACTIVE N/A  
☐ INFECTIOUS N/A  
☐ ELEMENTAL METALS\* N/A  
☐ OTHER N/A

\*ATTACHED DISCLAIMERS MUST BE SIGNED

J. I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ABOVE AND ALL ATTACHMENTS ARE COMPLETE AND ACCURATE, AND THAT ALL SAMPLES SUBMITTED ARE REPRESENTATIVE OF THE WASTE.

# S & W WASTE, INC.

115 JACOBUS AVE. • SOUTH KEARNY, N.J. 07032. (201) 344-4004

## GENERATORS WASTE MATERIAL PROFILE SHEET

PROVAL CODE 004050-002

TECHNICAL REP. INITIALS B.I.

### A. GENERAL INFORMATION

GENERATOR NAME DANIEL PRODUCTS COMPANY

GENERATOR EPA I.D. NO. NJD00134068

ADDRESS 400 CLAREMONT AVENUE, JERSEY CITY NJ 07304

TECHNICAL CONTACT JOSEPH VISO/GROUP LEADER, TECH. SERVICES TITLE

PHONE (201)432-0800

WASTE NAME CATCH BASIN

PROCESS GENERATING WASTE PIGMENT DISPERSION AND CHEMICAL SPECIALTY MANUFACTURING

### B. PHYSICAL CHARACTERISTICS OF WASTE

PHYSICAL STATE @ 70°F <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER % LIQUID _____ % H2O _____	ODOR PUTRID COLOR BROWNISH	<input checked="" type="checkbox"/> ORGANIC <input checked="" type="checkbox"/> INORGANIC <input type="checkbox"/> CHLORINATED ORGANIC	BTU VALUE PER GAL _____ % CL _____ % S _____ BS&W _____ % ASH _____	LAYERS <input checked="" type="checkbox"/> MULTI LAYERED <input type="checkbox"/> BI-LAYERED <input type="checkbox"/> SINGLE PHASED	TOC _____ COD _____ % SOLIDS 1-20
pH: <input type="checkbox"/> 0-2 <input type="checkbox"/> 7.1-10 <input type="checkbox"/> N/A <input type="checkbox"/> 2.1-4 <input type="checkbox"/> 10.1-12.5 <input type="checkbox"/> 4.1-6.9 <input type="checkbox"/> >12.5 <input type="checkbox"/> 7 <input type="checkbox"/> EXACT 4-12	SPECIFIC GRAVITY <input type="checkbox"/> <.8 <input type="checkbox"/> 1.1-1.24 <input checked="" type="checkbox"/> 8-9 <input type="checkbox"/> 1.25-1.4 <input type="checkbox"/> .9-.95 <input type="checkbox"/> 1.5-1.7 <input type="checkbox"/> .95-1.0 <input type="checkbox"/> >1.7 <input type="checkbox"/> 1.0-1.1 <input type="checkbox"/> EXACT	<input type="checkbox"/> FLASH <input type="checkbox"/> <90 <input type="checkbox"/> POINT <input type="checkbox"/> <100 <input checked="" type="checkbox"/> (°F) <input type="checkbox"/> 100-140 <input type="checkbox"/> CC <input type="checkbox"/> 140-200 <input type="checkbox"/> OC <input type="checkbox"/> <200 <input type="checkbox"/> EXACT > 200	VISCOSITY (Centipoise) <input type="checkbox"/> 1-100 <input type="checkbox"/> 100-1000 <input checked="" type="checkbox"/> 1000-10000 <input type="checkbox"/> >10,000 <input type="checkbox"/> EXACT		

### C. CHEMICAL COMPOSITION (MUST TOTAL 100%) %

ORGANIC SOLVENTS	1-10
RESINS	1-10
WATER	70-95
SURFACTANTS	1-5
PIGMENT	1-10

### F. HAZARDOUS CHARACTERISTICS:

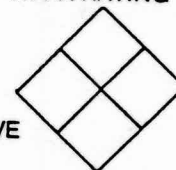
#### TOXICITY RATINGS

\_\_\_\_ INHALATION  
\_\_\_\_ DERMAL  
\_\_\_\_ ORAL

☐ EXPLOSIVE  
☐ WATER REACTIVE  
☐ MSDS ATTACHED

☐ PYROPHORIC  
☐ SHOCK SENSITIVE

#### NFPA RATING



### D. METALS

☐ TOTAL

☐ EP TOX

Ag _____	Hg _____
As _____	Ni _____
Ba _____	Pb _____
Cd _____	Se _____
Cr _____	Zn _____
Cu _____	Te _____

OTHER ALL ABOVE METALS MAY BE PRESENT.

### E. OTHER COMPONENTS

<input type="checkbox"/> PCB'S*	N/A
<input type="checkbox"/> PESTICIDES/HERBICIDES*	N/A
<input type="checkbox"/> CYANIDE OR CYANIDE PRODUCING	N/A
<input type="checkbox"/> SULFIDE OR SULFIDE PRODUCING	N/A
<input type="checkbox"/> PHENOLICS	N/A
<input type="checkbox"/> RADIOACTIVE	N/A
<input type="checkbox"/> INFECTIOUS	N/A
<input type="checkbox"/> ELEMENTAL METALS*	N/A
<input type="checkbox"/> OTHER	N/A

\*ATTACHED DISCLAIMERS MUST BE SIGNED

### G. MANIFEST INFORMATION

PROPER DOT SHIPPING NAME HAZARDOUS WASTE LIQUID, N.O.S.

DOT HAZARD CLASS ORM-E

UN/NA NO. NA 9189

EPA/STATE WASTE TYPE D008, D007

EPA/STATE HAZARD CODE "E"

### H. SHIPPING INFORMATION

☐ BULK LIQUID ☐ BULK SOLID ☒ DRUMS ☐ OTHER  
SHIPPING FREQUENCY: QUANTITY PER

### I. SPECIAL HANDLING INFORMATION/COMMENTS:

GOGGLES, IMPERVIOUS GLOVES, RUBBER APRON,  
VAPOR RESPIRATOR, BOOTS.

J. I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ABOVE AND ALL ATTACHMENTS ARE COMPLETE AND ACCURATE, AND THAT ALL SAMPLES SUBMITTED ARE REPRESENTATIVE OF THE WASTE.

8-12-87

Chemist

Joe Viso

115 JACOBUS AVE. • SOUTH KEA Y, N.J. 07032. (201) 344-4004

TECHNICAL INITIAL B.I.  
REP. INITIALS

## GENERATORS WASTE MATERIAL PROFILE SHEET

## A. GENERAL INFORMATION

GENERATOR NAME DANIEL PRODUCTS COMPANY GENERATOR EPA I.D. NO. NJD00134068  
 ADDRESS 400 CLAREMONT AVENUE, JERSEY CITY NJ 07304  
 TECHNICAL CONTACT JOSEPH VISO/GROUP LEADER, TECH SERVICES TITLE \_\_\_\_\_ PHONE (201)432-0800  
 WASTE NAME SPENT SOLVENT  
 PROCESS GENERATING WASTE PIGMENT DISPERSION AND SPECIALTY CHEMICAL MANUFACTURING

## B. PHYSICAL CHARACTERISTICS OF WASTE

PHYSICAL STATE @ 70°F <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER % LIQUID <u>85-100</u> % H <sub>2</sub> O <u>2-8</u>	ODOR  SOLVENT  COLOR <u>BROWNISH</u>	<input checked="" type="checkbox"/> ORGANIC <input checked="" type="checkbox"/> INORGANIC <input type="checkbox"/> CHLORINATED ORGANIC	BTU VALUE PER GAL. _____ % CL _____ % S _____ BS&W _____ % ASH _____	LAYERS <input type="checkbox"/> MULTI LAYERED <input checked="" type="checkbox"/> BI-LAYERED <input type="checkbox"/> SINGLE PHASED	TOC _____ COD _____ % SOLIDS <u>5-20</u>
pH: <input type="checkbox"/> 0-2 <input type="checkbox"/> 7.1-10 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> 2.1-4 <input type="checkbox"/> 10.1-12.5 <input type="checkbox"/> 4.1-6.9 <input type="checkbox"/> >12.5 <input type="checkbox"/> 7 <input type="checkbox"/> EXACT _____		SPECIFIC GRAVITY <input type="checkbox"/> <.8 <input type="checkbox"/> 1.1-1.24 <input checked="" type="checkbox"/> 8-9 <input type="checkbox"/> 1.25-1.4 <input type="checkbox"/> .9-.95 <input type="checkbox"/> 1.5-1.7 <input type="checkbox"/> .95-1.0 <input type="checkbox"/> >1.7 <input type="checkbox"/> 1.0-1.1 <input type="checkbox"/> EXACT _____		<input type="checkbox"/> FLASH <input checked="" type="checkbox"/> <90 <input type="checkbox"/> POINT <input checked="" type="checkbox"/> <100 <input checked="" type="checkbox"/> (°F) <input checked="" type="checkbox"/> 100-140 <input type="checkbox"/> CC <input type="checkbox"/> 140-200 <input type="checkbox"/> OC <input type="checkbox"/> <200 <input type="checkbox"/> EXACT _____	
VISCOSITY (Centipoise) <input checked="" type="checkbox"/> 1-100 <input checked="" type="checkbox"/> 100-1000 <input type="checkbox"/> 1000-10000 <input type="checkbox"/> >10,000 <input type="checkbox"/> EXACT _____					

## C. CHEMICAL COMPOSITION (MUST TOTAL 100%) %

ORGANIC SOLVENTS 75-90  
 RESINS 2-10  
 WATER 2-10  
 SURFACTANTS 0-1  
 PIGMENTS 5-10

## F. HAZARDOUS CHARACTERISTICS:

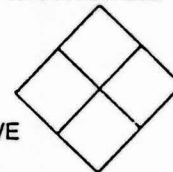
## TOXICITY RATINGS

\_\_\_\_ INHALATION  
 \_\_\_\_ DERMAL  
 \_\_\_\_ ORAL

☐ EXPLOSIVE  
☐ WATER REACTIVE  
☐ MSDS ATTACHED

☐ PYROPHORIC  
☐ SHOCK SENSITIVE

## NFPA RATING



## G. MANIFEST INFORMATION

PROPER DOT SHIPPING NAME WASTE: FLAMMABLE LIQUID,  
N.O.S. OR WASTE: COMBUSTIBLE LIQUID, N.O.S.  
 DOT HAZARD CLASS FLAMMABLE LIQUID OR COMBUSTIBLE  
 UN/NA NO: UN 1993 or NA 1993 LIQUID N.O.S.  
 EPA/STATE WASTE TYPE D001  
 EPA/STATE HAZARD CODE "I"

## H. SHIPPING INFORMATION

☐ BULK LIQUID ☐ BULK SOLID ☒ DRUMS ☐ OTHER \_\_\_\_\_  
 SHIPPING FREQUENCY: QUANTITY 10 PER MONTH

## I. SPECIAL HANDLING INFORMATION/COMMENTS:

GOGGLES, RUBBER APRON, IMPERVIOUS GLOVES,  
VAPOR RESPIRATOR, BOOTS.

## D. METALS

☐ TOTAL ☐ EP TOX

Ag \_\_\_\_\_ Hg \_\_\_\_\_  
 As \_\_\_\_\_ Ni \_\_\_\_\_  
 Ba \_\_\_\_\_ Pb \_\_\_\_\_  
 Cd \_\_\_\_\_ Se \_\_\_\_\_  
 Cr \_\_\_\_\_ Zn \_\_\_\_\_  
 Cu \_\_\_\_\_ Te \_\_\_\_\_  
 OTHER ABOVE METALS ARE PRESENT

## E. OTHER COMPONENTS

☐ PCB'S\* \_\_\_\_\_ N/A  
☐ PESTICIDES/HERBICIDES\* \_\_\_\_\_ N/A  
☐ CYANIDE OR CYANIDE PRODUCING \_\_\_\_\_ N/A  
☐ SULFIDE OR SULFIDE PRODUCING \_\_\_\_\_ N/A  
☐ PHENOLICS \_\_\_\_\_ N/A  
☐ RADIOACTIVE \_\_\_\_\_ N/A  
☐ INFECTIOUS \_\_\_\_\_ N/A  
☐ ELEMENTAL METALS\* \_\_\_\_\_ N/A  
☐ OTHER \_\_\_\_\_ N/A

\*ATTACHED DISCLAIMERS MUST BE SIGNED

J. I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ABOVE AND ALL ATTACHMENTS ARE COMPLETE AND ACCURATE, AND THAT ALL SAMPLES SUBMITTED ARE REPRESENTATIVE OF THE WASTE.

DATE

TITLE

GENERATOR'S SIGNATURE

8-12-87

Chemist

Joe Viso

## GENERATORS WASTE MATERIAL PROFILE SHEET

## A. GENERAL INFORMATION

GENERATOR NAME DANIEL PRODUCTS COMPANY

GENERATOR EPA I.D. NO. NJD00134068

ADDRESS 400 CLAREMONT AVENUE, JERSEY CITY, NJ 07304

TECHNICAL CONTACT JOSEPH VISO/GROUP LEADER, TECH SERVICES TITLE PHONE (201)432-0800

WASTE NAME POT WASH LIQUIDS

PROCESS GENERATING WASTE CLEANING OPERATIONS

## B. PHYSICAL CHARACTERISTICS OF WASTE

PHYSICAL STATE @ 70°F <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER % LIQUID _____ % H2O _____	ODOR SLIGHT-SOLVENT COLOR _____	<input checked="" type="checkbox"/> ORGANIC <input checked="" type="checkbox"/> INORGANIC <input type="checkbox"/> CHLORINATED ORGANIC	BTU VALUE PER GAL _____ % CL _____ % S _____ BS&W _____ % ASH _____	LAYERS <input type="checkbox"/> MULTI LAYERED <input checked="" type="checkbox"/> BI-LAYERED <input type="checkbox"/> SINGLE PHASED	TOC 78,000 (approx) COD 146,000 (approx) % SOLIDS 2-10
pH: <input type="checkbox"/> 0-2 <input checked="" type="checkbox"/> 7.1-10 <input type="checkbox"/> N/A <input type="checkbox"/> 2.1-4 <input checked="" type="checkbox"/> 10.1-12.5 <input type="checkbox"/> 4.1-6.9 <input checked="" type="checkbox"/> >12.5 <input type="checkbox"/> 7 <input type="checkbox"/> EXACT _____	SPECIFIC GRAVITY <input type="checkbox"/> <.8 <input type="checkbox"/> 1.1-1.24 <input checked="" type="checkbox"/> .8-.9 <input type="checkbox"/> 1.25-1.4 <input checked="" type="checkbox"/> .9-.95 <input type="checkbox"/> 1.5-1.7 <input type="checkbox"/> .95-1.0 <input type="checkbox"/> >1.7 <input type="checkbox"/> 1.0-1.1 <input type="checkbox"/> EXACT _____	<input type="checkbox"/> FLASH <input type="checkbox"/> <90 <input type="checkbox"/> POINT <input type="checkbox"/> <100 <input checked="" type="checkbox"/> (°F) <input checked="" type="checkbox"/> 100-140 <input type="checkbox"/> CC <input checked="" type="checkbox"/> 140-200 <input type="checkbox"/> OC <input type="checkbox"/> <200 <input type="checkbox"/> EXACT _____	VISCOSITY (Centipoise) <input type="checkbox"/> 1-100 <input checked="" type="checkbox"/> 100-1000 <input checked="" type="checkbox"/> 1000-10000 <input type="checkbox"/> >10,000 <input type="checkbox"/> EXACT _____		

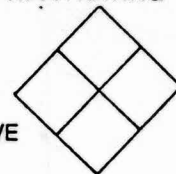
## C. CHEMICAL COMPOSITION (MUST TOTAL 100%) %

ORGANIC SOLVENTS	1-10
RESINS	1-10
WATER	75-95
PIGMENTS	1-10
SURFACTANTS	0-1

## F. HAZARDOUS CHARACTERISTICS:

TOXICITY RATINGS

NFPA RATING

\_\_\_\_ INHALATION  
\_\_\_\_ DERMAL  
\_\_\_\_ ORAL☐ EXPLOSIVE  
☐ WATER REACTIVE  
☐ MSDS ATTACHED☐ PYROPHORIC  
☐ SHOCK SENSITIVE

## G. MANIFEST INFORMATION

PROPER DOT SHIPPING NAME WASTE: ALKALINE (CORROSIVE)  
LIQUID, N.O.S. OR WASTE: COMBUSTIBLE LIQUID N.O.S.  
DOT HAZARD CLASS CORROSIVE MATERIAL OR COMBUSTIBLE  
UN/NA NO. NA 1719 or NA 1993 LIQUID  
EPA/STATE WASTE TYPE "C" OR "I"  
EPA/STATE HAZARD CODE D001 OR D002

## H. SHIPPING INFORMATION

☒ BULK LIQUID ☐ BULK SOLID ☐ DRUMS ☐ OTHER \_\_\_\_\_  
SHIPPING FREQUENCY: QUANTITY \_\_\_\_\_ PER \_\_\_\_\_

## I. SPECIAL HANDLING INFORMATION/COMMENTS:

GOGGLES, IMPERVIOUS GLOVES, RUBBER APRON,  
VAPOR RESPIRATOR, BOOTS.

## D. METALS

☐ TOTAL☐ EP TOX

Ag _____	Hg _____
As _____	Ni _____
Ba _____	Pb _____
Cd _____	Se _____
Cr _____	Zn _____
Cu _____	Te _____

OTHER ABOVE METALS ARE PRESENT

## E. OTHER COMPONENTS

<input type="checkbox"/> PCB'S*	N/A
<input type="checkbox"/> PESTICIDES/HERBICIDES*	N/A
<input type="checkbox"/> CYANIDE OR CYANIDE PRODUCING	N/A
<input type="checkbox"/> SULFIDE OR SULFIDE PRODUCING	N/A
<input type="checkbox"/> PHENOLICS	N/A
<input type="checkbox"/> RADIOACTIVE	N/A
<input type="checkbox"/> INFECTIOUS	N/A
<input type="checkbox"/> ELEMENTAL METALS*	N/A
<input type="checkbox"/> OTHER	N/A

\*ATTACHED DISCLAIMERS MUST BE SIGNED

J. I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ABOVE AND ALL ATTACHMENTS ARE COMPLETE AND ACCURATE, AND THAT ALL SAMPLES SUBMITTED ARE REPRESENTATIVE OF THE WASTE.

DATE

TITLE

GENERATOR'S SIGNATURE

**S & W WASTE, INC.**

APPROVAL CODE 004050-006

115 JACOBUS AVE. • SOUTH KEA Y, N.J. 07032. (201) 344-4004

TECHNICAL REP. INITIALS B.I.

**GENERATORS WASTE MATERIAL PROFILE SHEET****A. GENERAL INFORMATION**GENERATOR NAME DANIEL PRODUCTS COMPANYGENERATOR EPA I.D. NO. NJD00134068ADDRESS 400 CLAREMONT AVENUE, JERSEY CITY NJ 07304TECHNICAL CONTACT JOSEPH VISO/GROUP LEADER, TECH SERVICES TITLE \_\_\_\_\_ PHONE (201)432-0800WASTE NAME MISCELLANEOUS HAZARDOUS WASTE FROM CONTAMINATED PRODUCTS.PROCESS GENERATING WASTE PIGMENT DISPERSION AND SPECIALTY CHEMICAL MANUFACTURING**B. PHYSICAL CHARACTERISTICS OF WASTE**

PHYSICAL STATE @ 70°F <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER % LIQUID _____ % H2O _____	ODOR _____ COLOR _____	<input checked="" type="checkbox"/> ORGANIC <input checked="" type="checkbox"/> INORGANIC <input type="checkbox"/> CHLORINATED ORGANIC	BTU VALUE PER GAL. _____ % CL _____ % S _____ BS&W _____ % ASH _____	LAYERS <input type="checkbox"/> MULTI LAYERED <input checked="" type="checkbox"/> BI-LAYERED <input type="checkbox"/> SINGLE PHASED	TOC _____ COD _____ % SOLIDS <u>10-30</u>
pH: <input type="checkbox"/> 0-2 <input checked="" type="checkbox"/> 7.1-10 <input type="checkbox"/> N/A <input type="checkbox"/> 2.1-4 <input type="checkbox"/> 10.1-12.5 <input checked="" type="checkbox"/> 4.1-6.9 <input type="checkbox"/> >12.5 <input type="checkbox"/> 7 <input type="checkbox"/> EXACT _____	SPECIFIC GRAVITY <input type="checkbox"/> <.8 <input type="checkbox"/> 1.1-1.24 <input checked="" type="checkbox"/> .8-.9 <input type="checkbox"/> 1.25-1.4 <input checked="" type="checkbox"/> .9-.95 <input type="checkbox"/> 1.5-1.7 <input type="checkbox"/> .95-1.0 <input type="checkbox"/> >1.7 <input type="checkbox"/> 1.0-1.1 <input type="checkbox"/> EXACT _____	<input type="checkbox"/> FLASH <input type="checkbox"/> <90 <input type="checkbox"/> POINT <input type="checkbox"/> <100 <input checked="" type="checkbox"/> (°F) <input checked="" type="checkbox"/> 100-140 <input type="checkbox"/> CC <input checked="" type="checkbox"/> 140-200 <input type="checkbox"/> OC <input type="checkbox"/> <200 <input checked="" type="checkbox"/> EXACT >	VISCOSITY (Centipoise) <input type="checkbox"/> 1-100 <input checked="" type="checkbox"/> 100-1000 <input checked="" type="checkbox"/> 1000-10000 <input type="checkbox"/> >10,000 <input type="checkbox"/> EXACT _____		

**C. CHEMICAL COMPOSITION (MUST TOTAL 100%) %**

ORGANIC SOLVENTS	1-5
WATER	60-80
SURFACTANTS	0-1
PIGMENTS	10-30

**F. HAZARDOUS CHARACTERISTICS:**

## TOXICITY RATINGS

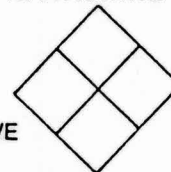
\_\_\_\_\_ INHALATION

\_\_\_\_\_ DERMAL

\_\_\_\_\_ ORAL

☐ EXPLOSIVE☐ WATER REACTIVE☐ MSDS ATTACHED☐ PYROPHORIC☐ SHOCK SENSITIVE

## NFPA RATING

**D. METALS**☐ TOTAL☐ EP TOX

Ag _____	Hg _____
As _____	Ni _____
Ba _____	Pb _____
Cd _____	Se _____
Cr _____	Zn _____
Cu _____	Te _____

OTHER ABOVE METALS MAY BE PRESENT**E. OTHER COMPONENTS**

<input type="checkbox"/> PCB'S*	N/A
<input type="checkbox"/> PESTICIDES/HERBICIDES*	N/A
<input type="checkbox"/> CYANIDE OR CYANIDE PRODUCING	N/A
<input type="checkbox"/> SULFIDE OR SULFIDE PRODUCING	N/A
<input type="checkbox"/> PHENOLICS	N/A
<input type="checkbox"/> RADIOACTIVE	N/A
<input type="checkbox"/> INFECTIOUS	N/A
<input type="checkbox"/> ELEMENTAL METALS*	N/A
<input type="checkbox"/> OTHER	N/A

\*ATTACHED DISCLAIMERS MUST BE SIGNED

**G. MANIFEST INFORMATION**PROPER DOT SHIPPING NAME COMBUSTIBLE LIQUID OR HAZARDOUS WASTE LIQUID, N.O.S.DOT HAZARD CLASS COMBUSTIBLE LIQUID OR ORM-EUN/NA NO. NA 1993 OR NA-9189EPA/STATE WASTE TYPE X-900 OR D007, D008EPA/STATE HAZARD CODE "L" or "E"**H. SHIPPING INFORMATION**☐ BULK LIQUID ☐ BULK SOLID ☐ DRUMS ☐ OTHER \_\_\_\_\_

SHIPPING FREQUENCY: QUANTITY \_\_\_\_\_ PER \_\_\_\_\_

**I. SPECIAL HANDLING INFORMATION/COMMENTS:**GOGGLES, IMPERVIOUS GLOVES, RUBBER APRON,  
VAPOR RESPIRATOR, BOOTS.**J. I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ABOVE AND ALL ATTACHMENTS ARE COMPLETE AND ACCURATE, AND THAT ALL SAMPLES SUBMITTED ARE REPRESENTATIVE OF THE WASTE.**

8-12-87

DATE

TITLE

Christ

Joe Viso

GENERATOR'S SIGNATURE

# S & W WASTE, INC.

115 JACOBUS AVE. • SOUTH KEARNY, N.J. 07032. (201) 344-4004

## GENERATORS WASTE MATERIAL PROFILE SHEET

APPROVAL CODE 004050-007

TECHNICAL REP. INITIALS B.I.

### A. GENERAL INFORMATION

GENERATOR NAME DANIEL PRODUCTS COMPANY

ADDRESS 400 CLAREMONT AVENUE, JERSEY CITY, NJ 07304

GENERATOR EPA I.D. NO. NJD00134

TECHNICAL CONTACT JOSEPH VISO/GROUP LEADER, TECH SERVICES TITLE

PHONE (201) 432-08

WASTE NAME MISCELLANEOUS BLEND OF LABORATORY RETAINS FROM MANUFACTURING PROCESS.

PROCESS GENERATING WASTE BLEND OF LAB RETAINS FROM MANUFACTURING PROCESS.

### B. PHYSICAL CHARACTERISTICS OF WASTE

PHYSICAL STATE @ 70°F

☐ SOLID ☒ LIQUID  
☐ SEMI-SOLID ☐ POWDER

% LIQUID  
% H2O

ODOR

SOLVENT

COLOR

☒ ORGANIC

☒ INORGANIC

☐ CHLORINATED ORGANIC

BTU VALUE PER GAL.

% CL % S

BS&W

% ASH

LAYERS

☒ MULTI LAYERED

☐ BI-LAYERED

☐ SINGLE PHASED

TOC

COD

% SOLIDS 10-5

pH: ☐ 0-2 ☒ 7.1-10 ☐ N/A  
☐ 2.1-4 ☒ 10.1-12.5  
☒ 4.1-6.9 ☐ >12.5  
☐ 7 ☐ EXACT

SPECIFIC GRAVITY

☐ <.8  
☐ .8-.9  
☐ .9-.95  
☐ .95-1.0  
☐ 1.0-1.1

☐ 1.1-1.24  
☐ 1.25-1.4  
☐ 1.5-1.7  
☐ >1.7  
☐ EXACT

☐ FLASH  
☐ POINT  
☒ (°F)  
☐ CC  
☐ OC  
☐ EXACT

☒ <90  
☒ <100  
☒ 100-140  
☒ 140-200  
☐ <200

VISCOSITY (Centipoise)

☒ 1-100  
☒ 100-1000  
☒ 1000-10000  
☒ >10,000  
☐ EXACT

### C. CHEMICAL COMPOSITION (MUST TOTAL 100%)

ORGANIC SOLVENTS 10-60

RESINS 10-50

WATER 1-50

SURFACTANTS 0-2

PIGMENTS 10-35

### D. METALS

☐ TOTAL

☐ EP TOX

Ag \_\_\_\_\_ Hg \_\_\_\_\_  
As \_\_\_\_\_ Ni \_\_\_\_\_  
Ba \_\_\_\_\_ Pb \_\_\_\_\_  
Cd \_\_\_\_\_ Se \_\_\_\_\_  
Cr \_\_\_\_\_ Zn \_\_\_\_\_  
Cu \_\_\_\_\_ Te \_\_\_\_\_

OTHER ABOVE METALS ARE PRESENT

### E. OTHER COMPONENTS

☐ PCB'S\* N/A  
☐ PESTICIDES/HERBICIDES\* N/A  
☐ CYANIDE OR CYANIDE PRODUCING N/A  
☐ SULFIDE OR SULFIDE PRODUCING N/A  
☐ PHENOLICS N/A  
☐ RADIOACTIVE N/A  
☐ INFECTIOUS N/A  
☐ ELEMENTAL METALS\* N/A  
☐ OTHER N/A

\*ATTACHED DISCLAIMERS MUST BE SIGNED

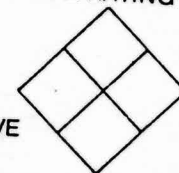
### F. HAZARDOUS CHARACTERISTICS:

TOXICITY RATINGS  
\_\_\_\_ INHALATION  
\_\_\_\_ DERMAL  
\_\_\_\_ ORAL

☐ EXPLOSIVE  
☐ WATER REACTIVE  
☐ MSDS ATTACHED

☐ PYROPHORIC  
☐ SHOCK SENSITIVE

NFPA RATING



### G. MANIFEST INFORMATION

WASTE: FLAMMABLE  
PROPER DOT SHIPPING NAME LIQUID, N.O.S. OR WASTE

COMBUSTIBLE LIQUID N.O.S. OR HAZARDOUS WASTE

DOT HAZARD CLASS FLAM LIQ or COMB LIQ OR N.

UN/NA NO. \* SEE BELOW ORM-E

EPA/STATE WASTE TYPE D001 or D008, D007

EPA/STATE HAZARD CODE "I" or "E"

\* UN 1993 or NA 1993 or NA 9189

### H. SHIPPING INFORMATION

☐ BULK LIQUID ☐ BULK SOLID ☐ DRUMS ☐ OTHER  
SHIPPING FREQUENCY: QUANTITY PER

### I. SPECIAL HANDLING INFORMATION/COMMENTS:

GOGGLES, RUBBER APRON, IMPERVIOUS GLOVES,  
VAPOR RESPIRATOR, BOOTS

J. I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ABOVE AND ALL ATTACHMENTS ARE COMPLETE AND ACCURATE, AND THAT ALL SAMPLES SUBMITTED ARE REPRESENTATIVE OF THE WASTE.

8-12-87  
DATE

Chemist  
[Signature]

## GENERATORS WASTE MATERIAL PROFILE SHEET

## A. GENERAL INFORMATION

GENERATOR NAME DANIEL PRODUCTS COMPANY GENERATOR EPA I.D. NO. NJD00134068  
ADDRESS 400 CLAREMONT AVENUE, JERSEY CITY, NJ 07304  
TECHNICAL CONTACT JOSEPH VISO/GROUP LEADER, TECH SERVICES TITLE \_\_\_\_\_ PHONE (201)432-0800  
WASTE NAME PIGMENT DUST  
PROCESS GENERATING WASTE PIGMENT DISPERSION AND SPECIALTY CHEMICAL MANUFACTURING

## B. PHYSICAL CHARACTERISTICS OF WASTE

PHYSICAL STATE @ 70°F <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER % LIQUID _____ % H2O _____	ODOR <u>NONE</u> COLOR <u>GRAY</u>	<input checked="" type="checkbox"/> ORGANIC <input checked="" type="checkbox"/> INORGANIC <input type="checkbox"/> CHLORINATED ORGANIC	BTU VALUE PER GAL _____ % CL _____ % S _____ BS&W _____ % ASH _____	LAYERS <input type="checkbox"/> MULTI LAYERED <input type="checkbox"/> BI-LAYERED <input checked="" type="checkbox"/> SINGLE PHASED	TOC _____ COD _____ % SOLIDS <u>95-100</u>
pH: <input type="checkbox"/> 0-2 <input type="checkbox"/> 2.1-4 <input type="checkbox"/> 4.1-6.9 <input type="checkbox"/> 7 <input type="checkbox"/> 7.1-10 <input type="checkbox"/> 10.1-12.5 <input type="checkbox"/> >12.5 <input checked="" type="checkbox"/> EXACT _____	SPECIFIC GRAVITY <input type="checkbox"/> <.8 <input type="checkbox"/> .8-.9 <input type="checkbox"/> .9-.95 <input checked="" type="checkbox"/> .95-1.0 <input type="checkbox"/> 1.0-1.1 <input type="checkbox"/> 1.1-1.24 <input type="checkbox"/> 1.25-1.4 <input type="checkbox"/> 1.5-1.7 <input type="checkbox"/> >1.7 <input type="checkbox"/> EXACT _____	<input type="checkbox"/> FLASH <input type="checkbox"/> <90 <input type="checkbox"/> POINT <input type="checkbox"/> <100 <input checked="" type="checkbox"/> (F) <input type="checkbox"/> 100-140 <input type="checkbox"/> CC <input type="checkbox"/> 140-200 <input type="checkbox"/> OC <input type="checkbox"/> <200 <input type="checkbox"/> EXACT <u>&gt;200</u>	VISCOSITY (Centipoise) <input type="checkbox"/> 1-100 <input type="checkbox"/> 100-1000 <input type="checkbox"/> 1000-10000 <input type="checkbox"/> >10,000 <input type="checkbox"/> EXACT <u>N/A</u>		

## C. CHEMICAL COMPOSITION (MUST TOTAL 100%) %

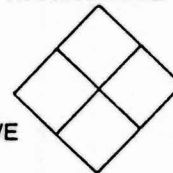
ORGANIC PIGMENTS 95-100  
INORGANIC PIGMENTS 95-100  
WATER 0-5

## F. HAZARDOUS CHARACTERISTICS:

## TOXICITY RATINGS

\_\_\_\_\_  
INHALATION\_\_\_\_\_  
DERMAL\_\_\_\_\_  
ORAL☐ EXPLOSIVE☐ WATER REACTIVE☐ MSDS ATTACHED☐ PYROPHORIC☐ SHOCK SENSITIVE

## NFPA RATING



## D. METALS

☐ TOTAL☐ EP TOX

Ag \_\_\_\_\_ Hg \_\_\_\_\_  
As \_\_\_\_\_ Ni \_\_\_\_\_  
Ba \_\_\_\_\_ Pb \_\_\_\_\_  
Cd \_\_\_\_\_ Se \_\_\_\_\_  
Cr \_\_\_\_\_ Zn \_\_\_\_\_  
Cu \_\_\_\_\_ Te \_\_\_\_\_  
OTHER ABOVE METALS ARE PRESENT

## E. OTHER COMPONENTS

☐ PCB'S\* N/A  
☐ PESTICIDES/HERBICIDES\* N/A  
☐ CYANIDE OR CYANIDE PRODUCING N/A  
☐ SULFIDE OR SULFIDE PRODUCING N/A  
☐ PHENOLICS N/A  
☐ RADIOACTIVE N/A  
☐ INFECTIOUS N/A  
☐ ELEMENTAL METALS\* N/A  
☐ OTHER N/A  
\*ATTACHED DISCLAIMERS MUST BE SIGNED

## G. MANIFEST INFORMATION

PROPER DOT SHIPPING NAME HAZARDOUS WASTE SOLID,  
N.O.S.

DOT HAZARD CLASS ORM-EUN/NA NO. NA 9189EPA/STATE WASTE TYPE D007-D008EPA/STATE HAZARD CODE "E"

## H. SHIPPING INFORMATION

☐ BULK LIQUID ☐ BULK SOLID ☒ DRUMS ☐ OTHER \_\_\_\_\_  
SHIPPING FREQUENCY: QUANTITY \_\_\_\_\_ PER \_\_\_\_\_

## I. SPECIAL HANDLING INFORMATION/COMMENTS:

GOGGLES, IMPERVIOUS GLOVES,DUST RESPIRATOR, APRON, BOOTS.

J. I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ABOVE AND ALL ATTACHMENTS ARE COMPLETE AND ACCURATE, AND THAT ALL SAMPLES SUBMITTED ARE REPRESENTATIVE OF THE WASTE

8-12-87  
DATE

TITLE

Joe Viso  
GENERATOR'S SIGNATURE